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ORIGINAL COMMUNICATIONS.

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*Remarks on the Medical Treatment of Cataract.* By JAMES BRYAN,  
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It is generally conceded that every successful application of therapeutic measures, which results in diminishing the number of diseases which demand the intervention of the knife, is an advance in the healing art; and that the necessity for the use of the knife is evidence of the imperfection of medical science. I propose, in the following remarks, to present some cases and opinions which tend to prove that cataract, in some forms at least, and particularly in its early stages, is curable without the aid of an operation.

I am well aware of the fact, that the editor of a respectable journal, in conversing upon this matter with me, when he said that a case reported by one of my friends was "all humbug," did but express the sentiments of a large body, if not the whole of the medical profession on this subject. Nevertheless, that our forefathers have generally neglected or condemned this

practice is no reason why we should do so likewise. Sad is the prospect of advancement in our noble art, if every attempt at improvement is to be frowned down by '*humbug*.' This is emphatically a day of free thought, and free discussion, and every man has a right to be heard. But to our subject.

In studying some cases of incipient and more advanced cataract, which presented themselves at my surgical clinique in the Philadelphia Dispensary, in the years 1841-2-3 and 4, I was led, through the following course of reasoning, to adopt the medical plan of treatment in those cases in preference to the surgical. Three of the cases were, respectively, a cook, a washerwoman, and a chamber-maid. The cook was exposed to the influence of a large fire in one of our hotels, and had been so for a number of years. This position is similar, of course, to that of men who work at forges, iron works, at the anvil, &c. &c., of which England presents so many who suffer from cataract, and of which this country is not deficient in numbers. The washerwoman was exposed to heated vapour, and the fire accompanying her occupation. And the chamber-maid had been exposed to neither of these influences.

While a student, I had been in the habit of dissecting the eyes of different animals, such as those of the ox, the pig, the sheep, and the calf, for anatomical and physiological purposes; and I observed that the eyes of the calf were invariably found to contain the lens in a greater or lesser degree of opacity; the others were not. The calf, I knew, previous to death, was suspended by the hind legs, for the purpose of more effectually draining the sanguineous, particularly the venous system. The eye, in this position, must, in the young animal, necessarily be engorged, and this I conceived to be the cause of the cataract. Inflammatory action, induced by the causes acting in the above cases, and all similar ones, must most probably be a cause of cataract, especially if we consider a state of engorgement of the capsule of the lens as producing the same disease. With this view of the nature and cause of cataract I was prepared to stop the growing, and perhaps remove the already formed opacity of the lens, by antiphlogistics, counter-irritation, and alteratives. The first patient, Anna Jones, aged 48 years, with cataract in both eyes, was placed under this treatment. Having a strong and full pulse, she

was first bled pretty freely; then leeches, six in number, were directed to be applied to the external angles of the eyes and to the lower lids.

A free catharsis was induced by senna and sulphate of magnesia; and the action on the bowels kept up until the next clinique day, by taking each morning a wine-glassful of the infusion. Blisters were then directed to the temples, and an ointment, consisting of ungt. resinæ  $\mathfrak{z}$ ii, with cerat. cantharid.  $\mathfrak{z}$ ii, used to dress the blistered surface. The eyes to be covered with green silk shades, and the patient to remain in a dark room. A little of the extract of belladonna was applied to the eye-lids every evening. The heat of fire, the dust, and high winds to be avoided. At the end of the first week we began the use of the blue mass in three grain pills three times a day, and continued it until the gums were 'touched.' A mild collyrium of acetate of lead, three grains to the ounce of water, was applied to the eyes. Eight days after we began the use of the blue mass, the gums were sore, and the sight began sensibly to improve. The blisters were kept sore for two weeks longer, when they were allowed to heal, the sight having become entirely restored, and the opacity having disappeared in toto.

The second case was that of Mrs. C., aged 40, a washerwoman, of a good constitution. In her the disease had come on gradually, and was not perceived until one eye had become nearly blind, and the other began to be affected. The second eye was but slightly opaque when she came to the clinique. That of the other eye was equally distinct with those of the last case.

The treatment in this case was a repetition of that adopted in the former, with the advantage of terminating in complete restoration of vision in a shorter time.

The third case was Miss M. B., a young, healthy chambermaid, eighteen years of age, whose cataract had been in progress without any known cause, for about three months, and was confined entirely to one eye. In this case the venesection was omitted.

The rest of the treatment was resorted to with the same success in about four weeks.

In my lectures on diseases of the eyes, I have been in the habit of mentioning these and other cases to my class, with the view of

obtaining further information on the subject, and inducing them to try the treatment.

One of my last year's class, Dr. W. G. Smith, of New Hampshire, whose industry, intelligence and integrity are known best by those who know him most intimately, and who has practised medicine some seven or eight years, writes me as follows in reference to this mode of treatment, which he has tried in the case of his aged mother.

GREAT FALLS, April 17, 1848.

*Dear Doctor,*—I write to inform you that I arrived home safely one week after I left Philadelphia. I found my wife and child well, but my mother I found had lost the sight of her left eye by cataract, for about two months, and could see but very little with the right one. On examining them I felt convinced that the lens of the right eye was opaque, and of a pearl colour. I then remembered what you said in your lectures on the eye, about those cases which you cured without an operation. As well as I could recollect, your patients were in a similar condition to my mother. I immediately put on four leeches on each temple, and blisters behind the ears. I applied the leeches every second or third day for two weeks, and kept the blisters discharging the whole time. I then ceased leeching, and allowed the blisters behind the ears to heal, and placed one large one on the back of the neck, which I kept discharging for several days. I also gave her a laxative and an alterative—extract of butternut, hydrarg. cum creta, every night, combined with two grains of quinine—which I continued until the mouth became a little sore. I then left off the first two articles, and gave her one grain of sulphate of quinia three times a day for one week afterwards. *She can now see perfectly well* with her right eye, and all pain has left the other one, but she cannot see with it, except to distinguish day from night; sometimes she says she can see her hand with it.

N. B.—I treated both eyes alike. I should have written to you before, but I have been waiting to see how the above case would terminate. My being able to save my mother's sight in her old age, compensates me for all the time and expense of last winter.

Your obedient servant,

W. G. SMITH.

To Dr. JAMES BRYAN, N. E. cor. 10th and Arch streets, Philada.

The ratio of cures in these few cases seems to me to warrant a further trial of the practice. I have not the statistics at hand of the cures of cataract by the usual surgical operations, but this is well known, that we seldom operate until both eyes are involved,

and consider ourselves as having done tolerably well if we secure the healthy use of *one* by an operation on both; at least the result of the practice, as far as I have observed it, goes to show that after waiting until the cataract *ripens*, and losing all that time, a very large percentage of the cases operated upon are content to gain vision in one eye.

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#### MEDICAL LITERATURE IN THE UNITED STATES.

BY A MEMBER OF THE NATIONAL MEDICAL ASSOCIATION.

In the following sketch, which is mainly, as regards books, a classified catalogue, no critical examination has been attempted. The reasons soon to be assigned, when speaking of the Journals, for the difficulty of successful criticism in them, are deemed to be applicable on the present occasion. The mere enumeration, however, of the works on the different branches of medicine and the collateral sciences, published within the last five years, and rarely does our retrospection extend beyond this period, will, it is hoped, be gratifying to nearly all our professional brethren. They will see in it the copiousness of our medical literature, and be enabled, in consequence, to make selections in the purchase and perusal of books, the titles of which were previously unknown to many of them. Some, on seeing the present list, may feel ashamed at the meagre exhibition on their shelves, and be desirous of procuring one, at least, of the numerous works on each of the class of subjects brought under their notice.

#### PERIODICAL LITERATURE.

The Medical Journals now edited and published in the United States are seventeen in number, independently of the American Journal of Pharmacy, and the American Journal and Library of Dental Science. The reprints of foreign periodicals are, the British and Foreign Medico-Chirurgical Review, and the Lancet, Braithwaite's Retrospect and Ranking's Abstract.

The American Journals exhibit nearly the same general arrangement of their contents and community of features. The three-fold division of their contents is into, 1st. Original communications—essays, history of diseases, accounts of cases—hospital or in private practice; and sometimes the medical topography of a district of

country in connexion with a description of its endemic diseases. 2d. Reviews and bibliographical notices of recent publications. 3d. A summary of facts and discoveries in the several departments of medicine. The *staple* for the first division, especially in the Journals of the South and West, consists of descriptions of and disquisitions into the pathology and treatment of periodical fevers—intermittent and remittent—with their congestive complications, and of yellow fever. Of late years, the variety of continued fever, termed typhoid, has engaged the attention of physicians and medical writers throughout the country more than heretofore. Epidemic erysipelas, under various popular names, has also been described with considerable fulness in the journals in different sections of the Union. Within a still shorter period, meningitis, or cerebro-spinal arachnitis, as it is less accurately called, prevailing epidemically in some parts of the United States, as it had done previously in Europe, and particularly France, has become a subject for description in our journals.

Details of surgical operations, and particularly those for the removal of deformities, occupy a prominent place in the original department. Great boldness, seconded by considerable ingenuity, and some attention to the pathology and recuperative processes of the tissues, have made this branch of surgery a favourite one in the United States—taking our periodical medical literature as an exponent.

Although a very severe logic does not govern, in general, the literature of our medical journals, yet it is evident that greater stress now than formerly is laid on statistical estimates, or the numeral method, as it is sometimes termed, in both medical and surgical clinics, and in both pathological and therapeutical investigations.

The review department of our medical journals is not remarkable for vigour and comprehensiveness. Want of time for a careful perusal of the work, and a study of the entire subject; want of room for an adequate development of its features, scope and merits; and restraints, personal and conventional, on the free expression of opinion, are so many causes interfering with the satisfactory discharge of the duty of the reviewer. But, although a thorough critical review be thus prevented from appearing, the same obstacles do not exclude a regular analytical review, which

might give the readers of a journal a tolerably adequate idea of the range of description or inquiry, and the general purposes of the author. Bibliographical notices ought always to possess this merit. That there is the ability to come up to the higher standard of reviewing, almost all our journals, from time to time, give evidence, when the reviewer meets with a favourite subject in the work before him.

Pertaining to the periodical literature of medicine, although not coming under the head of journals, are the Annual Reports of the Physicians of the numerous Asylums for the Insane in the United States, and of the medical attendants on Penitentiaries and other prisons. A large body of facts and suggestions, contributing to a system of medical Psychology, is contained in these reports. Their literary character and scientific value would be increased by an uniform method of statistical statement and deduction. Of the growing richness of this almost new branch of medical literature—the construction and best arrangement of the apartments of a lunatic asylum, the treatment, hygienic, medical and moral, of the insane—evidence has been furnished within the last few years, in the establishing and successfully sustaining a journal devoted entirely to this subject, called the “*Journal of Insanity.*”

In the department of Dental Surgery there is considerable literary activity, manifested in the publication of periodicals devoted exclusively to the consideration of the theory and practice of this art, and to imparting the desirable qualifications, both scientific and ethical, to those who devote themselves exclusively to it. Prominent, by its acknowledged character and duration, among these, is the “*American Journal and Library of Dental Science.*”

Transactions of State Medical Societies, as those of New York and Tennessee, embracing an account of the medical topography and diseases of different counties, and papers on particular diseases, or questions of pathology and therapeutics, constitute valuable additions to the periodical literature of medicine. Akin to these are the Transactions of Medical Associations, such as the Summary of those of the College of Physicians of Philadelphia, in which we read annual reports on the different branches of medi-

cine, and of the conversations of the members on the prevalent diseases, and on any peculiarities in their features or treatment.

Under the head of periodical medical literature should be placed the Commemorative Addresses, in the form of Introductory and Valedictorys, delivered by the Professors at the beginning and termination of the courses of instruction in the several Medical Schools.

WORKS, IN BOOK FORM, ON MEDICINE AND ITS COLLATERAL  
BRANCHES.

The publications, in book form, within the past year, evince continued activity of the medical mind, and large contributions to our medical literature. A claim to originality can hardly be advanced in favour of our most instructive writers generally. Medicine seldom admits of this kind of display. Like history, it must consist mainly of a carefully digested summary of previously known and recorded facts, enforced with more or less freshness or vivacity of remark and commentary. A solitary discovery, and few can hope for more, will not constitute the institutes of medicine, nor can the most pregnant suggestions of a writer or teacher be expanded into a volume, or a course of lectures.

The chief productions of our home literature are systematic works on medicine and its several branches; and if we can form an opinion from the increasing demand for these, we should augur favourably for the curiosity of the great body of our medical men in the United States, which, in seeking, first, for the chief outlines of science, impels soon to a desire for acquaintance with its component parts and details. As works of great labour, embracing a vast amount of matter, and arranged for the purpose of ready reference and easy comprehension, the different systematic treatises on the *Theory and Practice of Medicine* are entitled to favourable appreciation. Of these, there have appeared during the past year the Treatises by Dr. Wood, of the University of Pennsylvania, and Dr. Dunglison, of the Jefferson Medical College; also, Lectures by Drs. Bell & Stokes. Each of these three works is in two volumes; the two last mentioned are new editions. The propriety of introducing the Lectures just mentioned, in this place, will be admitted, when it is known that the proportion of the whole work written by Dr. Bell is four-fifths, or about fourteen hundred

pages. A new edition of the Lectures of Dr. Watson, of London, on the Practice of Physic, with additions by Dr. Condie, has also appeared within the year. The mention of these works suggests a reference to Dr. Dickson's Essays on Pathology and Therapeutics, in two volumes; to Mackintosh's Practice, edited by Dr. S. G. Morton; and Elliotson's, by Dr. Stewardson; which, although not published within the year, are of comparatively recent production. Under the same category will come the two volumes of published Lectures on Diseases of the Thoracic and Abdominal Viscera; and on Eruptive Fevers, Gout, Dropsy, &c., by Dr. Chapman. Also, a Compendium of Dr. Chapman's Lectures, by Dr. Benedict. Nor should we omit to mention the Cyclopædia of Medicine, edited by Dr. Dunglison; and Copland's Dictionary of Practical Medicine, still in progress of publication, edited by Dr. Lee, of the Geneva Medical College.

Under the head of systematic works on parts of medicine proper, which have been published within the year, are the Treatises on the Fevers of the United States, by Dr. Bartlett, of the Transylvania University, and by Dr. Alfred Stillé, on General Pathology. Shortly before this period was issued the Treatise on Fevers, by Dr. Clymer.

*Materia Medica*, within the above period, has found exponents in new editions of the Dispensatory of the United States, by Drs. Wood & Bache, and of the work on *Materia Medica* and Therapeutics, by Dr. Eberle. Very little retrospection displays to us the kindred works of Dr. John P. Harrison, of the Ohio Medical College; and of Dr. Dunglison.

In *Medical Botany* we have the works of Dr. R. E. Griffith, and of Dr. Carson, of the Philadelphia College of Pharmacy: the first is illustrated by numerous wood-engravings; the latter consists of 100 beautifully coloured plates, of the natural size of the plants, with letter-press explanations.

Republications of Dr. Pereira, of Ballard and Garrod, and of Royle on *Materia Medica* and Therapeutics, with additions by American editors, (Dr. Carson for the first and third, and Dr. Griffith for the second of these works,) have been made within a late period. Mayne's Dispensatory, edited by Dr. Griffith, is just issued.

In the department of *Surgery* we meet with Dr. Sargeant's

"Minor Surgery," which had been preceded, not long before, by Dr. Henry H. Smith's volume on the same subject. Of higher aim and wider range is the treatise on the Principles and Practice of Surgery, by Dr. Geo. McClellan, edited by his son, Dr. J. B. McClellan. The large work of Dr. Pancoast, of the Jefferson Medical College, on Operative Surgery, was published but a few years ago, and has since then reached a second edition. Of a mixed character, in its being translated, and at the same time in its having received large additions from the pens of its American translator and editor, Dr. Townsend, and of Dr. Mott, is the great work of Velpeau on Operative Surgery. The System of Chelius, just issued from the press in this country, is another monument of laborious investigation in this department. The republication of elementary treatises on surgery has been very active of late years, as is evident by reference to Liston's Elements, and Practical and Operative Surgery, which have been edited, severally, by Dr. Gross, of the Louisville University, Dr. Norris, of the Pennsylvania Hospital, and Dr. Mütter, of the Jefferson Medical College; also, to the Principles and Practice of Surgery, by Mr. Druitt, edited by Dr. Flint; Ferguson's Practical Surgery, edited by Dr. Norris; and to the Principles of Surgery, and the Practice of Surgery, two separate works, by Mr. Miller, of the University of Edinburgh; and Samuel Cooper's First Lines, edited by Dr. Parker, of the College of Physicians and Surgeons, New York. Nor must we omit to notice, in this connexion, as having been republished within a few years, Samuel Cooper's Surgical Dictionary, edited by Dr. Reese, of New York; Sir Astley Cooper's Entire Surgical Works, in four volumes; and quite recently, the several treatises and lectures of Sir Benjamin Brodie.

Within the year, *Ophthalmic Surgery* has been represented by the republished Treatises of Mr. Lawrence, and of Mr. T. Wharton Jones, with additions to both by Dr. Hays. At a somewhat earlier date appeared the Manual of Diseases of the Eye, by Dr. Littell.

*Midwifery* has been represented during the past year by the Manual of Obstetrics of Dr. Tucker, of the Franklin Medical College; by the republication of Spratt's Obstetric Tables; and of new editions of Churchill and of Ramsbotham. Churchill is under the editorial supervision of Dr. Huston, of the Jefferson Medical College. The peculiarity of Spratt's Tables consists in

the pictorial illustrations being representations of successive layers of tissue and teguments, by means of "dissected plates," which may be raised in succession, so as to exhibit the parts beneath. Within a comparatively brief period, there has been quite an outpouring from the press of volumes on Obstetrics. Witness the systematic works of Hamilton, Collins, Rigby, Velpeau, (the last translated by Dr. C. D. Meigs, of the Jefferson Medical College, and edited by Dr. Wm. Harris,) Lee, Moreau, Chailly, and Murphy, all republished in this country. Moreau was translated by Dr. Betton, of the Franklin Medical College; and Chailly by Dr. Bedford, of the University of the City of New York, who also made annotations on the original text. To these we must add Maygrier's *Illustrated Midwifery* translated by Dr. Doane.

On *Diseases of Females* there have lately appeared the volume of "Letters to his Class," by Dr. C. D. Meigs; and a republication of a new edition of Churchill, with additions by Dr. Huston; also of Whitehead on Abortion and Sterility. Not long before, the elaborate *Treatise of Columbat* was translated and enriched with numerous additions by Dr. Meigs; and that of Ashwell, edited by Dr. Goddard, of the Franklin Medical College. The valuable *Treatise of Dr. Dewees* is still sought for, and the demand is met by the issue of new editions.

For a long period the only work, in English, of any repute and currency, on *Diseases of Children*, was that of Underwood. His successor in usefulness and reputation in this department of medical literature was Dr. Dewees, whose *Treatise* soon became a work of authority and reference, for practical purposes, on both sides of the Atlantic. Since its first appearance, a little more than a quarter of a century ago, the works on *Diseases of Children* have greatly increased in number and value. Restricting ourselves to a notice of those of home authorship, or which have been republished in the United States, we meet, first, with the *Treatise of Dr. Eberle on the Diseases and Physical Education of Children*, which has gone through successive editions, the last within the year. If not actually coming within this period, yet of quite recent publication, is the second edition of Dr. Condie's *Treatise*. He had previously edited a second American edition of Drs. Evans and Maunsell's work on the same subject. The latter had been brought out in Bell's *Select Medical Library*, as was subsequently

a new edition of Underwood, and also Dr. Colley's Treatise, to the former of which Dr. Bell added copious notes. The translation of Billard's Treatise, by Dr. Stewart, was followed, after a few years, by a work from the pen of Dr. Stewart himself, which, ere long, reached a second edition.

In *Anatomy*, the republications of Solly on the Human Brain, and of Von Behr's Hand-book of Human Anatomy, during the past twelvemonth, have been preceded by the issue of a new edition of Dr. Horner's Special Anatomy and Histology, and of the systematic treatise of Cruveilhier, edited by Dr. Pattison, of the University of the City of New York. Under this head come, also, Wilson's Anatomy, edited by Dr. Goddard; Wistar's, edited by Dr. Pancoast; Dr. Horner's United States Dissector, edited by Dr. Henry H. Smith; the Dublin Dissector, edited by Dr. Watts, of the New York College of Physicians and Surgeons; Wilson's Dissector, edited by Dr. Goddard, &c. Most of these are illustrated by wood-cuts. Important aids to the study of anatomy, which merit notice in the literature of the subject, have been brought out of late years, in the form of engravings, plain and coloured, of the several parts of the human frame. Among these we may mention the Anatomical Atlas by Dr. Henry H. Smith, in one volume, royal octavo; the Anatomical Plates, by Quain and Wilson, in large quarto form; and those of the Bloodvessels and Nerves, by Dr. Neil; and of the Heart and Arteries, by Dr. J. M. Allen.

*Pathological Anatomy* has not furnished any volume within the year; but if we go back for a short period we find the large and comprehensive work of Dr. Gross, and the republication of the Treatises of Hope, under the editorial care of Dr. Lawson, of the Ohio Medical College; and also those of Vogel and of Hasse. Dr. Gross's "Elements" is illustrated with numerous coloured engravings. Hope's "Principles and Illustrations" present a series of plates, coloured after the morbid states of the organs. Vogel's Treatise, containing also numerous engravings, is on General Pathological Anatomy, and is introductory to a second part, which will exhibit an account of the morbid changes affecting particular organs. Hasse's volume is on the Morbid Anatomy of the Organs of Circulation and of Respiration.

In *Physiology* we have to announce the republication of Dr.

Carpenter's Principles, being the third American edition, which, like the two preceding ones, has been brought out under the editorial supervision of Dr. Clymer. Of recent issue is a new edition of Dr. Dunglison's Human Physiology; and not long antecedently appeared an Abridgement of Müller's Elements, by Dr. Bell; and a new edition of Magendie's Treatise, edited by Dr. Revere. Todd & Bowman's Anatomical Physiology and Physiology of Man is in course of republication. The smaller volumes by Dr. Reece, Dr. Jarvis, and Dr. Reynell Coates, are well adapted to medical students in their early period of study, and to collegiate and school instruction. The "Essay towards a Correct Theory of the Nervous System," by Dr. John Harrison, of the Louisiana Medical College, is an important contribution to Physiology.

The recent republication of Wilson on *Diseases of the Skin* is farther evidence of the improved literature of this branch of medicine, or *Dermatology*, as it is sometimes called. Three years ago appeared, in an American dress, the large and classical work of Rayer, illustrated with all the numerous coloured plates of the original French, and edited by Doctor Bell. Nearly contemporaneous was the Synopsis, by Dr. Worcester, of the Medical School of Cleveland, with "sixty coloured figures;" and the Manual of Cazenave & Schedel, edited by Dr. Bulkley, of New York, Lecturer on Diseases of the Skin. The Treatise of Plumbe, and the more restricted Observations of Green & Dendy were republished some years antecedently, the first in Dr. Bell's, the last two in Dr. Dunglison's "Library."

The *Manual* of Dr. Taylor on *Toxicology*, edited by Dr. R. E. Griffith, which has been republished within the twelvemonth, suggests a notice of that of Christison on Poisons, which was brought out in Bell's Medical Library. It is but recently since American medical and legal readers have enjoyed the advantages of ready reference to systematic works on Medical Jurisprudence, in addition to the long and widely known and esteemed Treatise of the Doctors Beck. In the same year, [1845] were republished "Medical Jurisprudence," by Dr. Taylor, edited by Dr. R. E. Griffith, and Dr. Guy's "Principles of Forensic Medicine," edited by Dr. Lee. The "Medical Jurisprudence of Insanity," by Dr. Ray, of Maine, has reached a second edition.

In the science of *Chemistry*, with which medicine has collaterally such frequent relations, we see no work brought out among us during the last year. But a little anterior to this time, we meet with the systems of Graham, Kane, and Turner, the first edited by Dr. Bridges, of the Franklin Medical College, the second by Dr. Draper, of the University of the City of New York, and the last by Dr. James B. Rogers of the Pennsylvania University, and by Dr. Robert E. Rogers of the Virginia University. This last volume includes Gregory's *Outlines of Organic Chemistry*. Of still more direct application to physiology and pathology are the *Treatises on Animal Chemistry* by Liebig, and by Simon, both of which have been republished in the United States. Resting on a similar basis, but with more diversified Therapeutical deductions and advice, are the *Treatise by Prout on "Stomach and Renal Diseases,"* and that by Budd on "*Urinary Deposits;*" also republications. The smaller volumes on *General Chemistry*, of Fownes, of Hoblyn, and of Johnston, of the Wesleyan University, Connecticut, the last on the basis of Turner, are useful for students.

In *Natural Philosophy*, the collateral relations of which with medicine are, also, acknowledged, we find among the year's republications Bird's works, under this head, and that of Müller on *Physics and Meteorology*. Of still more direct application are Matteucci's "*Lectures on the Physical Phenomena of Human Beings.*"

Under the head of *Hygiene* there has been a new edition of Dr. Combe's *Treatise on the Management of Infancy*, edited by Dr. Bell. Of anterior, but still comparatively recent date, are the *Essay of Dr. John C. Warren on Physical Education and the Preservation of Health*; the *Elements of Hygiene*, by Dr. Dunglison; and the *Treatises of Dr. Bell on Regimen and Longevity*, of Dr. Sweetser on *Mental Hygiene*, and of Dr. Brigham on *Mental Excitement and Cultivation*.

Among the elementary aids to Medical Studies, we may notice Dr. Mendenhall's *Medical Student*, Dr. Ludlow's *Manual of Examinations*, and Dr. Dunglison's *Medical Student*; all of which have reached second editions—also Hooper's *Examinations*. Of the same kind are the several *Dictionaries* by Drs. Dunglison and Gardner, and the republished one of Hoblyn, edited by Dr. Hays.

In special directions, medical literature has been rich among us of late years. On *Thoracic Diseases*, the work republished within the year, and on this account first to be noticed, is the Treatise of Blakiston on the Chest. Before this we had the works of Drs. Stokes, Gerhard, Andral and Williams on Thoracic Diseases; of Dr. Horace Green on Diseases of the Air Passages; and those of Hope and Latham, together with home translations of the manuals of Aran and Andry, on Diseases of the Heart. Aran was translated by Dr. William A. Harris of the U. S. Navy; Andry, by Dr. Kneeland, of Boston. On Physical Diagnosis of the Diseases of the Lungs we have the Manual of Walshe, and of the Lungs and Heart, the Manuals of Hughes, and of Barth and Roger. Of this last a translation has been made by Dr. Francis G. Smith, of Philadelphia, and another by Dr. Newbigging, of Edinburgh, to the second of which Dr. Lawson has added an Appendix.

But few monographs, not included in preceding divisions, have been published during the past year. We may mention Dr. Burrows on Cerebral Circulation, M. Lallemand on Spermatorrhœa, and Drs. Reese, Markwick and Griffith on Blood and Urine, republications within this period. Somewhat earlier we meet with Dr. Bartlett's Essay on the Philosophy of Medical Science, Budd on Diseases of the Liver, Phillips on Scrofula, Fordyce on Fever, Billings' First Principles of Medicine, Tamplin on Deformities, Curling on the Anatomy, Physiology and Diseases of the Testes, Walshe on Cancer, edited by Dr. John M. Warren, Esquirol on Insanity, translated by Dr. E. K. K. Hunt, Johnson and Martin on the Influence of Tropical Climates, &c., Adulteration of Various Substances, beside Medicine and the Arts, by Dr. Lewis C. Beck, Domestic Management of the Sick Room, by Dr. A. T. Thomson, edited by Dr. R. E. Griffith, Ricord on Venereal Diseases, and Lugol on Scrofulous Diseases, both translated by Dr. Doane, and Acton on Venereal Diseases.

The reference made to Dental Surgery in connexion with our periodical literature ought to be renewed now, when we are speaking of the publication of separate works, in volumes. In addition to the valuable treatises which have appeared at intervals in the American Library of Dental Science, mention should be made of the "Principles and Practice of Dental Surgery," by Dr. Chapin A. Harris, Fox's "Natural History and Diseases of the

Teeth," remodelled and largely added to by Dr. C. A. Harris, Maury's "Treatise on Dental Art," translated by J. B. Savier; and the handsome quarto of Dr. Goddard, on the "Anatomy, Physiology and Pathology of the Human Teeth," with the requisitely applied Surgery.

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*On Erysipelas of the Head and Face.* By C. S. CLARY, M. D.,  
of Brandenburg, Kentucky.

*Mr. Editor,*—I propose, in the following observations, to state a few facts in relation to a very interesting disease, which has prevailed to a considerable extent in this vicinity since the first of February last. I allude to erysipelas of the head and face, sometimes called by the practitioners of the south-western and western states, epidemic and contagious erysipelas, (one or both.) In common parlance the disease is known in this State, Indiana, Illinois, and Missouri, by the name of *black tongue*. In some localities the mortality is frightful, and our art impotent for its relief. At and near New Madrid, on the Mississippi, just below the mouth of the Ohio, I am informed that fully three-fifths of the cases result in death, and at Padducah in the lower part of this State, the mortality is nearly as great. But I will confine myself to my own neighbourhood, and as I write from memory and very imperfect notes, let me hope to be excused for lack of method.

About the first of February last, Miss E. R. landed at this place from a little town a few miles below on the river, to which place she had been on a visit to her brother, who was sick with erysipelas of the head and face. He died. Miss E. R. had a severe attack of the disease, but recovered. Before she was entirely well, Mrs. A., her hostess and principal nurse, was attacked with the same disease: also Mrs. R. a relative of the first named lady, who had visited her twice from the country. In her family, (Mrs. R.'s) which was very large, consisting of both white and black, there was no other case. During the illness of Mrs. A., she was visited by a servant girl belonging to Mr. C., and she was soon after taken sick and died. There was no other case in this family; but a week after the death of the girl just alluded to, a neighbouring black woman belonging to Mr. B. was engaged by the family to

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wash the clothes and cleanse the room of the deceased. About five or six days afterwards, this woman was attacked with erysipelas, during the progress of which she had an abortion, but recovered. She has since died of inflammation of the stomach and bowels. The owner of this woman, Mr. B., has also had erysipelas of one side of the neck and shoulder, which resulted in deep-seated suppuration, and the discharge of a large quantity of pus. In this family there was no other case, though Mr. B.'s three servants and four children were equally liable to be attacked, especially Mrs. B. and one servant, who were greatly fatigued and nearly exhausted by constant nursing. During the illness of Mrs. A., she was visited by a black woman, the property of Mr. L., living five miles in the country. This woman soon after had a severe attack of the disease, and communicated (?) it to all her children, eight in number. Her husband escaped it, though constantly at her bedside, and he was the only member of the family black or white who *did* escape. The master and mistress (both old) and a young lady, a relation, all had it, and the two former died. Mrs. S., in town, had seen no one labouring under the disease, and as she was very timid, was careful not to go near a case of the kind: yet she had it, and though she was surrounded by a large family of children, who were *all the time of her illness* in the same room, still her own was the only case in the family. She was visited during her illness by a number of persons, and of all these no one took the disease, except the wife and daughter of Mr. D., but the attack in these two cases was six weeks after the exposure—a long period of incubation!

I have now alluded, in very general terms, to all the well marked cases of this disease that have come under my observation, as well as some others that I did not see at all, or until they were convalescent. The question, is erysipelas a *contagious* disease, in the strict and etiological acceptation of the term, remains to be answered.

Elliotson and several other English writers, believe erysipelas to be really contagious. Watson says, "it sometimes arises from contagion, but much more frequently from other causes," (I quote from memory) and with him undoubtedly rests the weight of authority. Strictly contagious diseases arise from their own *specific* causes, and no other. In this sense of the term, if I am

asked whether I believe erysipelas to be a contagious disease, I unhesitatingly answer no, and that arguments are by no means conclusive, which go to prove that the disease is propagated in this way, even to a limited extent. The facts detailed above, do certainly *appear* strongly to favour the notion of contagion, but if the disease is "as contagious as small pox," why were there no other cases in the family of Mrs. A. besides her own and that of Mrs. R.? There were many others equally exposed. Why was Mrs. R.'s case the only one in her family? Why was the servant girl the only case in the family of Mrs. C.? and why again were the circumstances the same in the family of Mrs. S.? I leave the advocates of contagion to answer these questions. But it may be asked "how will you account for the cases of Miss E. R., Mrs. A., Mrs. R., and the family of Mr. L.?" I answer, that when the season of the year, the state of the weather, and the constitution of the atmosphere bear a certain relation to each other and to the human system, they induce what is called a *predisposition* to erysipelas or some other disease, as the case may be; the epidemic itself depending upon the season of the year in combination with other causes, which may be either local and temporary, or general, and of considerable duration. There must be such a thing as an "epidemic constitution of the atmosphere," else why is it that we observe the same disease prevailing at different times as an epidemic under such apparently different circumstances. The great Sydenham observed these things and made the proper inference. His theory of epidemics (if I may call it a theory) may be thought a vague one, and yet it is perhaps the best we have ever had.

A few years ago I was called to see a young man who had just returned to his father's house, after a visit of some days at a distance; he had fever, pain in the chest, cough, rusty expectoration, hurried respiration, and a red and sometimes livid spot on his cheek, together with all the physical *signs* of pneumonia, and such I pronounced it. In a few days, three young ladies of the same family (his sisters) were taken with the same disease, and in all four the symptoms were so exactly similar, that there was in fact, no appreciable difference, save what was occasioned by the difference of sex. From that time, during a period of six weeks, there were a goodly num-

ber of cases of pneumonia, principally among those who visited the four first cases. The *community* believed the disease contagious, but I am certain it was not, and every intelligent physician will agree with me. There was nothing typhoid about the disease; there was more or less hepatic derangement in all the cases, and all that can reasonably be said is, that a combination of causes favoured the prevalence of the malady as an epidemic at that particular time. Exposure, anxiety and watching, probably acted as the exciting causes. Do not these last examples furnish as strong arguments in favour of contagion as the cases of erysipelas of which I have been speaking? An individual labouring under a bilious remitting fever, may land from a steamboat at the hotel of Mrs. A., Mrs. A. may have an attack of the same, and of the persons who visit these two, a few may go to bed with the like disorder. The season of the year may be October, at which time a very large proportion of cases in this region are of this character, yet where is the medical man who would pronounce these examples of contagion?

Such instances have often occurred, and will most assuredly occur again and again. In seasons when influenza is prevailing as an epidemic, we frequently see one case in a family, and very soon every member, without one solitary exception, labouring under the same disease. Yet who believes influenza to be contagious? I have seen, in this county, in more instances than one, intermitting fever commence in a family, and soon every member of that household would be prostrated by the same malady. So, too, it is not unfrequently the case that dysentery will attack every member of a family when it once begins. Yet who pretends that either of these last named diseases is contagious? The truth is, erysipelas would have prevailed here even though Miss E. R. had not landed in town at all. There were just at that time, and before, several cases in and near a little village twelve miles east of this place, and Dr. C., who attended them, informed me that, after the most patient investigation, he could detect not the slightest evidence of contagion as a cause. Dr. M., fifteen miles south of me, also attended a number of cases and expressed the same opinion. Both of these gentlemen reside in this county, and are men of more than ordinary medical intelligence. The cases which came under their observation occurred

about the same time with those noticed by myself. An unusual panic has prevailed here upon the supposition that the disease is remarkably CATCHING; fear has overpowered the better feelings of the heart, and in some instances the sick have greatly suffered for want of that attention and those kindly offices for which, in the country, they are always so entirely dependent upon the "goodness and mercy" of their neighbours. In the family of L——, all the negroes were housed in one room, not more than twelve feet square, more like the hold of a slave-ship than anything else to which I can compare it. When it is known that this room contained four beds filled with the sick—that they had no nurses out of the family—that the cases generally succeeded each other after intervals of several days—that those most fatigued and exhausted as nurses were the first taken down, (after the first case)—in short, when all the circumstances I have named are taken into consideration, surely we stand in small need of invoking the powers of contagion in order to enable us to assign a proper cause for erysipelas.

At the very time Miss E. R. landed here, the persons who *took* the disease from her were complaining of *sore throat*, and in fact had the premonitory symptoms of BLACK TONGUE. So universal has been the prevalence of this symptom, that I presume nine out of every ten of the population of our county have suffered from it more or less; this is another illustration of the law of epidemics.

I will now glance briefly at the treatment, premising, however, that of fourteen cases treated in part by myself three died. Of those treated exclusively by myself I lost but one. This case was the servant girl of Mr. C., alluded to above. I made a post-mortem examination, and found her lungs, especially the left, filled with large deposits of tuberculous matter, and the mesenteric glands so much enlarged and run together as to form of the whole only three or four large masses. She had been previously treated for scrofula. I mentioned before that the woman belonging to Mr. B. recovered of the erysipelas, but died subsequently of inflammation of the bowels. In the cases of the old gentleman and lady, Mr. and Mrs. L., I was compelled to abandon them six or seven days before they died, as they saw fit to send for a Thomsonian, but I

was sent for to see them again when they were in *articulo mortis*. One of them, I think, would have died under any medical treatment, unless the family had been better supplied with nurses.

When erysipelas is prevailing as an epidemic, if I am called to a patient who has had a chill, or an unnatural *chilly sensation*, and complains of much sickness and oppression of the stomach, sore throat, and a burning pain in any part of the body, I consider it as almost certain that I have a case of the disease. I look into the mouth, and if I see in the back part, over the palate and tonsils, &c., a red *fiery rash*, which seems to be spreading, in short, an erythematous inflammation, I then am quite sure that I have a case that will eventually prove to be erysipelas of the head and face. The fauces, upper part of the *œsophagus* and the larynx, are generally loaded with a very tenacious mucus. In this stage of the case I give an emetic that will evacuate the stomach thoroughly, unless very evidently contraindicated. Next I open the bowels with rhubarb and soda, or any of the neutral saline purgatives in combination with ten or fifteen grains of the sup. carb. soda. Then I administer three grains of sulphate of quinine every hour, until the patient becomes sensible of a ringing in the ears, or until twenty-four grains are given, if an adult, and less according to the age of the individual. If the pain and swelling of the throat increase, I repeat the emetic and quinine the second day and also the third. I believe this course of emetics will, in a large majority of cases, prevent, to a very considerable extent, the otherwise enormous swelling of the head, face and throat. The emesis produces a concussion of the whole system, and seems, as it were, to dissipate and resolve the disease. If the disorder progresses, however, and the swelling is allowed to go on, there is nearly always more or less delirium. In these cases I would, if practicable, *bleed from the nose* by scarifying the Schneiderian membrane, which will generally be followed by decided improvement in the symptoms. The parts in the vicinity of the fauces should be kept clear of the tenacious mucus with which they are constantly loaded by gargling with Cayenne pepper. I have derived advantage by administering every hour a teaspoonful of the following mixture in a little warm water.

**R** Pulv. Capsic. ʒi.

Sodii Chlorid., ʒii.

Aq. Ferv., ʒvi.

M.

We must guard against debility, which is so great in all the cases of considerable swelling as to constitute the principal cause of alarm to the physician. The pulse frequently numbers 140 to 150 for forty-eight hours. Here wine and carbonate of ammonia should be administered freely, until we increase its volume and lessen its frequency. In one case I gave a quart of wine during one night. As far as my experience goes, *general* bleeding is inadmissible, though I have no doubt that cases do frequently occur where it might and ought to be resorted to. The judicious practitioner will have an eye to the character of the prevailing epidemic, and then be guided by the circumstances of each particular case. With respect to the local treatment, the best probably consists in anointing the swollen surface twice or thrice daily with fresh hog's lard, and applying poultices made by thickening a decoction of hops with ground flaxseed, wheat bran, or corn meal. As to surrounding the part, and painting it with nitrate of silver, iodine, &c., for the purpose of preventing the progress of the swelling, I have no faith in it. In many cases where these appliances have been resorted to, and the advance of the tumefaction has *appeared* to cease, the physician has frequently been able to impose upon the friends of the patient, (especially if ignorant,) and induce them to look upon a *coincidence* as a *sequence*. The truth is, that under exactly the same treatment, in a given number of cases, there will be every imaginable difference as to the extent of the tumefaction. In one case it will be confined to the throat; in another it will extend to the ears and top of the under lip; in a third the effusion into the subcutaneous tissue will be so great as to close both eyes; in a fourth the disease will run over the whole face and scalp, occasioning the most hideous deformity; and in a fifth, as it leaves the head, it will travel over almost the whole body, terminating at the hands and feet. When it becomes necessary to administer a *placebo*, we may safely paint the part with a feather dipped in a solution of iodine and iodide of potassium, fifteen grains of the former and twenty of the latter to the ounce of rain-water, and repeat three or four times daily.

I think I have now given an *outline* of the best treatment for this formidable disease. As to the question of contagion, the influence of particular localities, the season of the year, and the modifying effects of *miasmata*, many facts will doubtless be collected which will add no little to our knowledge of erysipelas. *Magna est veritas et prevalebit* is a maxim which has stood the test of time, and yet its verification is sometimes most discouragingly slow.

Brandenburg, June, 1848.

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### BIBLIOGRAPHICAL NOTICES.

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*An Investigation of the Theories of the Natural History of Man, by Lawrence, Prichard, and others ; founded upon animal analogies ; and an outline of a new Natural History of Man ; founded upon History, Anatomy, Physiology, and Human Analogies.* By FREDERICK VAN AMRINGE. New York. 1848. pp. 739. 8vo.

We sat down with the intention of examining this work for the purpose of critical review. A few hours of study convinced us that this was impossible, within the space and time allowed for a contribution to a medical journal ; so vast and various is the mass of materials which it contains. Our next intention was to give a terse analysis of its contents, without any expression of opinion as to the fairness and logical merit of the argument, or the justice of the conclusions : but this appeared a dereliction of duty, both to the public and the author, and we are driven upon the only remaining alternative, a rapid sketch of a few of the principal problems involved, with a running, and, it may be, a rambling commentary ; sufficient, however, to direct the attention of the learned and literary among our readers, to this very remarkable labour of an American author.

The work, as we are told in the preface, was written at a distance from capitals and libraries, "in an agricultural district," and while the author was in ill health; so that it is reasonable to infer that it was also produced in comparative haste. This is much to be regretted, for although it constitutes, under such circumstances, a monument of extensive reading and wonderful industry, the field of discussion is too broad to be accurately and safely traversed, even by the brightest mind, aided by every facility for research, in less than several years. Had the author been more favoured in point of time and opportunity, it can scarcely be doubted that many defects would have been removed by the pruning knife.

The main purpose or end of the entire work, is the establishment of the proposition that man, the genus, is zoologically divisible into at least four distinct species. So strong is the internal testimony, on almost every page, that this was a preconceived opinion, that we presume the author will exonerate us from all unfairness in regarding it as the guiding star of his labours throughout, although we are informed that his intention was originally confined to a review of the reasonings of Lawrence and Prichard, on the natural history of man, as founded upon animal analogies.

In approaching the historical branch of the subject, he is met, at once, by that stumbling-block in the way of so many scientific men, the Mosaic history, and, at a later period, by the account given of the distribution of mankind by Josephus. He declares his unhesitating faith in the entire record of revealed religion, even inclining to the strict literal acceptance of the six days of creation. But, though evidently an advocate of the Mosaic history and the Christian morals, our author, in an introductory chapter, exerts much ingenuity in freeing the path of philosophical research from all restraints not directly deducible from the text of scripture. Thus, he just hints, and immediately relinquishes as unnecessary to his argument, a variety of curious hypotheses, more or less original, which may be valuable hereafter, to the poet at least, if not to the naturalist; among which the principal are a shadowy, typical parallelism between certain stages in the vital history of the preadamite ages, and certain epochs in the developement of man, as a psychical being; such as the

Adamic, the Noachian, and the Christian periods; also, the possible existence of other human inhabitants of the earth, at the time of the Adamic creation, and the possibly limited character of the Noachian deluge; all which questions, he thinks, may be mooted even under the literal version of the Mosaic history of the six days.

Adhering, however, on full conviction, to the biblical account of the deluge, he acknowledges, in the face of his peculiar opinions as to the *existing* specific distinctions among mankind, that all human inhabitants now living upon earth are ultimate descendants of one common male progenitor, Noah. Nor does he attempt to trace the different races or species of man, through the female line, into the ante-diluvian period. Employing the discoveries of paintings in Egypt, *legitimately* to show the existence of the red, white, and black races at a period approaching to that of the deluge, he starts the hypothesis that the division of the human family into four species was the result of physical or psychical changes consequent upon the curse of the Almighty, through Noah, upon Canaan the oldest son of Ham; his blessings upon Shem and Japhet, spoken by the same patriarch; and, at a later period, the blessing, through the angel, on the offspring of Hagar, the Egyptian, and Abraham, the Shemite.

In preparing for the development of this hypothesis, the distribution of mankind becomes an element in the argument. The statements of Josephus, furnishing the chief historic basis of the prevailing doctrines in relation to this subject, interfered with the favourite idea of our author, that the actual superiority of the white race of mankind is a consequence of the superior blessing bestowed through Noah upon Shem, in whom all the earth was to be blest, and whose mission in the divine scheme passed from the white descendants of Abraham to the whites of Europe. Josephus supposed Europe to have been populated by the offspring of Japhet, and it became necessary to examine the foundations of the positions assumed by the Jewish historian. Mr. Van Amringe has done so; drawing the conclusions—first, that Europe was really populated by the descendants of Shem, with whom were intermingled the progeny of Ham, through all his sons, with the exception of the accursed Canaan, constituting the white, or Hamoshemetic species of man; second—that the yellow species

is Japhetic, and includes the Chinese, Mongolian, Japanese, Chin Indian, and probably the Eskimautic, Toltec, Aztec and Peruvian varieties; third—that the red, or copper-coloured species, is Ishmaelitic, and includes most Tartar and Arabic tribes, and all the American Indians, not already mentioned; and finally, that the black species is Canaanitic, and includes the Central African and Australasian Negroes, Caffirs, Malays, &c.

This part of the argument labours to overthrow the doctrine of Josephus, and would leave our preconceived notions of the distribution of mankind without solid foundation, unless supported by other arguments derived from the traditions of barbarian ages or mythologic allegory. But are the positions of our author established by his reasonings? We doubt the issue of the argument with the learned, but would not undertake to express an opinion unless after years of research.

Mr. Van Amringe does not rest his argument on the diversity of the human species entirely upon this hypothesis of blessings and curses, or upon the history of the distribution of mankind after the dispersion of Babel; for he discusses at great length the purely zoological view of the subject, both with and without reference to the questions of a single centre of distribution, and the descent from a single original pair. Yet we cannot remove the impression that this hypothesis, the influence of which upon his mind is obvious in almost every part of the work, is one among the chief causes of an apparent disposition to look through an exaggerating medium upon the almost utter hopelessness of the mental condition of three of the races of man, and the vast intrinsic superiority of that race to which we have the happiness to belong.

This bias even leads him into some seeming incongruities. Thus; he observes that the budding civilization of mankind, prevalent on the plain of Shinar before the miraculous separation of the species, was shared to an equal degree by all the races at the time of the confusion of tongues; but, while the peculiarly favoured Hamoshemetic nations have steadily advanced in the indefinite improvement which is a *generic peculiarity of human nature*, the red and yellow species have remained stationary, after some slight improvement, while the Canaanitic nations have actually retrograded. The inference is drawn that the superior

powers of the Hamoshemetic race were conferred by the Creator, for the purpose of making it the special recipient and missionary of light, intelligence and religion; and that even the *generic* tendency to indefinite improvement cannot be effectively developed without its agency! In one moment of peculiar despondency, our author almost despairs of the ultimate fate of the "servant of servants unto his brethren," unless redeemed by the operation of the American Colonization Society, and other rational efforts of this day; seeming to think that the very species is possibly destined to become gradually extinct, before the march of the whites, unless redeemed by the philanthropic exertions commenced in the present age.

While granting the important tendency of the labours of Mr. Van Arminge, in checking some of the most pernicious attempts of misguided benevolence to ameliorate the condition of inferior races by means totally inapplicable to their existing mental condition—attempts which are much promoted by a hasty misconstruction of the beautiful Jeffersonian principle of liberty and *equality* in the Declaration of Independence, we regret that the writer seems to possess so little faith in his own *generic* character of indefinite improvement. We have somewhat higher faith in the internal capacities of entire humanity, while fully appreciating, as we believe, the true value of all the evidence in the work before us.

Mr. Van Arminge has given us a modified zoological classification of the *mammalia*, in order to place the genus *Homo*, and its subordinate species, in more precise relations, with animals in general and with each other.

The chief peculiarity of this arrangement is the attempt to separate man more widely from "the (rest of?) the animal kingdom, by means of his psychical nature." "Man," according to him, "is something more than an animal." Both have instincts, it is true; but these are treated, according to custom, as mere functions of the nervous system, while man has intellectual faculties; and we think we do no injustice to the author's argument, in stating that these are employed therein as though they were attributes of something beyond all functions of the nervous system, and, therefore, entirely transcendental to any property of an animal.

We should not follow him into these deep waters, if it were not that he employs in a novel and original manner, throughout his reasonings, this long acknowledged, but, as we hold it, over-estimated mental superiority of humanity. This furnishes him with weapons for severe and, sometimes, pleasantly sarcastic criticism upon Lawrence, Prichard, and others; much of which is just, while some of it appears to involve a *petitio principii*. It leads him to the condemnation of all *animal analogies*, in reasoning upon the question of specific distinctions among mankind; yet, strange as it may appear, he thinks proper to resort largely to such analogies in strengthening his argument upon the tendencies of hybrid races to return to the original stock; which, if not established, might weaken the support of the doctrine of the miraculous division of species. Upon this total separation of man from the animal creation, depends much that is urged against the power of climate, food, domesticity and other accidents in connection with time, to produce such long enduring distinctions as are observable in the human family. We shall not contend that his conclusions would entirely fall to the ground on the overthrow of this psychical doctrine, in which most men, with the exception of the materialist among the phrenologists, will probably agree with him, unless the gift of speech should be, at some future time, conferred upon animals in general, who are certainly parties interested in the case. But we do contend that this doctrine, which is interwoven with the whole argument, and used as an axiom, is a mere postulate, and one which we are by no means disposed to grant. If ever we should be employed as counsel in the case, we shall be happy to measure philosophical swords with the author on this great question.

We believe that *mind* is a property of "the brutes that perish," as well as of man: that perception is a purely psychical phenomenon; that instinct is associated as closely with perception as is the intellect; that the only routes by which knowledge can be acquired by a psychical being in this state of existence, are—*direct revelation* from the Creator, and *sensation*, a function of the nervous system—by which latter route the *written* revelation reaches man, and *may be* aided by direct revelation when the mind is directed to the text of scripture by the will; that the truly fundamental psychical phenomena are *consciousness* and *will*; the

first only arousable by the functional action of certain nerves or by revelation, and the second reacting upon certain nerves, whether to produce voluntary motion or those complex psycho-physiological operations of consciousness called judgment, conscientiousness, imagination, amateness, wit, combativeness, causality, &c.—be they artificially divided into instinctive, moral and intellectual, or viewed in the totality, as *the mind*. Finally, we hold that there exists no such thing as psychical science or proper meta-physics. In all other things than consciousness and will, (the latter of which we know to exist solely by means of the former,) the mind, or, if the reader please, *the soul*, acts only upon exterior objects and is acted upon only by such objects, through the media of the nerves or by direct revelation. Not being exterior to itself, the mind or soul cannot observe itself or reason upon itself, but is simply conscious of itself, and inclined, withal, to be very wilful, especially in argument.

Now, as questions of direct revelation lie beyond the domain of reason; and as the written revelation is subject to the action of senses; it follows that all philosophical investigations are limited by the operation of *senses*, and governed most absolutely by the laws of the nerves of animal life and purely animal physiology: they are in no degree psychical in their nature, though they can only be pursued by psychical beings. If there be any indisputable fact positively proving the absence of any *specific* power of the mind in any psychical being, with or without brains, from the germ of a zoophyte up to “Bacon and Newton,” we have failed to discover it, during some considerable number of years mainly devoted to physiological thought and study. The young mammal might turn to the mamma, when present, by a nervous agency, independent of mind; but even when habituated to its sweets, it would never wander in search of the mother, when hungry, unless *because* it is a psychical being:—otherwise, its motions would be quite as involuntary as those of a tortoise, after the head with the *medulla oblongata* are removed.

Much of what has been written in proof of the vast hiatus between man and the rest of the animal creation is subject to the just satire directed by our author against those who learnedly endeavour to prove that *man is not an ape*:

“Much labour,” he remarks, “has been bestowed by philoso-

phers to show that the erect attitude does not belong to monkeys, and particularly apes; which last have been particular objects of fear to them, lest they should become Scotch cousins."

Our author is playful: he will permit us to be so. Is it not possible that the closer approach between the coloured and white races may make the peculiarly favoured Shemitic portion of humanity quite as desirous of widening the breach? Let us not be misunderstood; we are no advocate of "universal fraternization;" taste would prohibit it, if physiological propriety did not. Nor do we deny the marked distinctions between the races which actually exist—they are quite as great as is desirable, but are they, as Mr. Van Amringe contends, *specific*?

The views just expressed will probably appear quite as startling and peculiar to many, as are those advanced by the writer under review, and he is entitled to all proper allowances for this fact, on the part of our readers; but we are inclined to think that candid and deliberate judges, in perusing the work immediately under notice, will agree with us in the opinion that the ultraism of the warm defender of an original position is perceptible in those parts of the argument with which the supposed value of the psychical distinctions of men are most closely involved. They will agree that he has been too severe in his opposition to animal analogies in illustrating the natural history of man, the animal; that he has under-estimated the value of governments, established customs, peculiar religions, climates, social institutions, (with the exception, perhaps, of those connected with the sexual relations,) and other accidents of somewhat permanent duration, in modifying for long periods the anatomical structure, and, consequently, the physiological and miscalled psychological phenomena of human nature, and that he has done so from the constant influence of one predominating idea. Yet in all these particulars the evil consequences of this prejudice (we use the word in its derivative sense only,) are far more important in their bearing upon the numerous *lemmas* eliminated in the course of the argument, than in their relation to the main problem of the specific distinctions of man, to which none of them are of vital consequence. In this sense, the consequent errors of opinion, if such they be, are errors of intensity and not of essential construction.

The same unconscious diminution of obstacles and enhancement

of favouring facts, is obvious in the anatomical and physiological passages. The only decided originality of opinion observable in this department of the argument, consists in the unusual importance attached to the skin, and more especially the rete mucosum, with its sympathetic and structural relation to other parts of the human machine. The scarcely debateable point of the existence of this part as a true rete in the white race is decided in the negative, though its presence as a microscopic rudiment is mentioned, and the principal authorities quoted. The influence of the skin over the nervous system is pressed, we think, decidedly beyond its acknowledged importance, and the reasoning upon the agency of the elementary constituents of the black pigment in the chyle, the neurilema and the "flesh!" &c., are so far at war with established physiological laws, that we are compelled to condemn them.

Our author is somewhat of a phrenologist—that is, he acknowledges the location of the physical instruments of the intellectual, moral, and instinctive powers of the mind, in those regions of the cavity of the cranium pointed out by the phrenologists; but he believes this as a simple fact, drawn from observation, knowing of no *physiological* evidence in proof of its truth! Need we say that the writings of the fathers of Phrenology are full of such proofs? We could easily add to them were it necessary; but there is a vagueness about this part of the argument that induces regret that it was not subjected to more thorough digestion and deeper research. In fact, rigorous physiological reasoning does not appear to be the forte of the writer.

The importance of woman and the sexual relations in the history of civilization form the principal subjects of terminal chapters of the work; and this cannot be easily over-estimated, though the value of the social condition of the wife as a specific character of the races of man will undoubtedly be questioned.

We will conclude by stating that the volume is crowded with a multitude of details, drawn from a vast range of human knowledge, and is eminently suggestive of curious speculations. Morally, its highest usefulness will probably be found in its tendency to fix attention upon the very wide and durable—perhaps perdurable—distinctions actually existing between the races of man; and were the same class of researches cautiously pursued,

through the national varieties, and even subvarieties of humanity, great practical benefits might result in matters of government, morals and benevolence: but after allowing all due weight to the facts and ingenious arguments adduced, we are still unprepared to regard the division of the human family into at least four distinct species as an indisputable zoological fact. \* \*

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*History, Description and Statistics, of the Bloomingdale Asylum for the Insane.* By PLINY EARLE, M. D., Physician to the Institution, &c. New York, 1848.

*Report of the Pennsylvania Hospital for the Insane, for the year 1847.* By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution. Philadelphia, 1848.

In no other branch of the healing art have greater improvements been made within the last quarter of a century than in that which concerns the treatment of the Insane. Formerly, the places provided for these unfortunates were prisons, often of the worst kind, where the unhappy inmates were treated with even less of kindness and respect than felons. Beside the shocking influence of such treatment upon the feelings of the well, nothing could be more prejudicial in its effects on the minds of the sufferers, than the constant impression of the insults, neglect, and, in many cases, wanton outrages, to which they were subjected. Science and philosophy have, however, led to a system in better accordance with the dictates of humanity.

In looking over the reports which annually emanate from the institutions devoted to the relief of the Insane, one is delighted to observe the steady progress which is made in the moral and physical management of this class of patients; how, step by step, from being regarded as beyond the pale of humanity, they have become the especial objects of sympathy, and made to participate in the rational enjoyments of life, even while labouring under that greatest of all deprivations. Dr. Earle is distinguished for the zeal and ability with which he has laboured in this interesting field, and the publication cited above, for which we are indebted to him, affords evidence on almost every page of his rare qualifications for the task. A history of an Insane Asylum would seem to afford little for entertainment or agreeable reflection, and yet we have found such publications of latter time among the most agreeable books to read.

The history of the Bloomingdale Asylum is divided by the author into three *Parts*.

*Part first* treats of the "*Origin and progress of the Bloomingdale Asylum, and of the Reception of Patients,*" and is interesting from the incidents connected with its early history as a branch of the New York Hospital.

*Part second* is devoted to an account of the "*present state of the Asylum,*" and it is in this that we find the information which concerns us most; as the *moral treatment* of the patients, including the subjects of Manual Labour, Religious Worship, and Recreative Exercise; *Instruction, Amusements, Restraints, etc.* The following remarks on the *moral treatment* pursued, express the views of the most enlightened men of the present day, whose minds are devoted to this subject.

"In the moral regimen at this institution, every practicable effort is made to pursue that system, at once gentle, philosophical and practical, which has resulted from the active and strenuous endeavors of many philanthropists, in the course of the last half century, to meliorate the condition of the insane. The primary object is to treat the patients, so far as their condition will possibly admit, as if they were still in the enjoyment of the healthy exercise of their mental faculties. An important desideratum for the attainment of this object is, to make their condition, as boarders, as comfortable as possible; that they may be the less sensible of the deprivations to which they are subjected by a removal from home. Nor is it less essential to extend to them the privilege, or the right, of as much liberty, as much freedom from personal restraint as is compatible with their safety, the safety of others, and the judicious administration of other branches of curative treatment. The courtesies of civilized and social life are not to be forgotten, tending, as they do, to the promotion of the first great object already mentioned, and operating, to no inconsiderable extent, as a means of effecting restoration to mental health."

"*Manual Labour.*—Some employment for the hands, of a description requiring a degree of exercise of the body sufficient to preserve and increase the activity and vigor of all its organs, as well as to promote sound and healthful sleep, is acknowledged, by all who are conversant with the treatment of insanity, as it appears in public institutions, to be the most effectual of restorative measures not purely medical. Hence, some physicians have recommended compulsory labour, in cases where the patient will not engage in it voluntarily.

At this Asylum the patients are advised and, if possible, induced

to apply themselves to some useful occupation, but no compulsory measures are resorted to for the purpose of enforcing it.

A large proportion of the inmates, as will be perceived by the table of occupations, are from the classes unaccustomed to manual labour. These, with very rare exceptions, will never commence any employment of the kind, while at the Asylum.

Another large class of the patients are mechanics and artisans, from the city, unaccustomed to any occupation other than that to which they were bred, and facilities for pursuing which cannot, in most cases, be furnished here or at any similar institution.

Finally, of those who are acquainted with, and habituated to such kind of labour as can be introduced here, a considerable proportion are rendered unfit to work by their disease; and others, though able, will not work, because—to them apparently the best of all reasons,—they ‘pay their board.’

With all these adverse influences, it cannot be expected that, in an institution accommodating but about seventy-five of either sex, the number should be large who devote much of their time to labour. There are some, however, who work upon the farm, and others in the carpenter’s shop, the kitchen and the laundry; while numerous small jobs about the establishment furnish employment to a considerable number of the men.

A much larger proportion of women than of men labour voluntarily, not only because all classes of women, in this country, are, with but few exceptions, taught to use the needle, but because this species of labour is one which can be introduced into the apartments of the patients.”

There is much in this valuable *brochure* worthy of quotation, if our space would permit.

The Report of the Pennsylvania institution, as on former occasions, is a highly interesting publication. Located in our immediate neighbourhood, we have the opportunity of witnessing its progress, and appreciating the excellent management under the fostering influence of which its benefits are annually increasing.

“Since the date of the last Report,” says Dr. Kirkbride, “240 patients have been admitted, 213 have been discharged or died, and 188 remain under care at the close of the year.”

“The total number under care during the year has been 401, the average number during the year has been 185 nearly, and as many as 201 have been in the hospital at one time.”

Notwithstanding the additions made to the buildings of the north wing, during the preceding year, every room in the Hospital has

been filled for several weeks continuously, and some difficulty has been experienced in accommodating all who were brought to the institution. By considerable effort, however, no proper applicant has been refused, and the Hospital has been made as useful as its extensive buildings would permit.

It is a source of gratification to be able again to report, what could not have been anticipated, that from the opening of the institution, with a solitary exception in one item, each year has witnessed a steady increase in the number of admissions, in the total number of patients during the year, in the number in the house at one time, and in the number of recoveries.

In the past year, this has been more striking than any which preceded it; the number of admissions having been 73 more than in the previous year; the number of recoveries 22 more; the average number under care during the whole year has risen from 173 to 185; and the number at the close of the year is 27 more than last reported. Without the additions made to our buildings, none of these results could have been effected.

The new structures added to the North Lodge, and just completed at the date of the last Report, were soon after furnished and opened for the reception of patients. In less than three months from that time, every room in them was occupied, and even that prepared for the seamstress and female nurse, has been claimed and used by a patient with a private attendant.

A year's experience has demonstrated to the satisfaction of every one, the immense importance of these improvements in the classification of the patients, in the comfort and welfare of all the inmates, and that their erection could not have been longer delayed, without serious loss and disadvantage to the institution."

The same moral influences are invoked for the restoration of patients in this as in the preceding and other valuable institutions of a kindred character in the United States.

*"Employment and Amusements.*—The frequent inquiries made in reference to the means of employment and amusement in use in this institution, render it proper to refer to the subject somewhat more in detail than has been customary in the reports of the last few years.

The proper mental and physical employment of the insane is of so much importance, and embraces such a great variety of means, that a review of the whole subject, with all the details of arrangements to effect the object, would be nearly equivalent to giving a complete essay on the moral treatment of insanity. Without attempting to do this, I shall refer to those means which are constant-

ly in requisition, and in reference to a few, add some remarks which have been suggested by experience.

Let the employment be what it may, if possible, a degree of interest should be excited in the patients; there should be utility combined with it, and, in most cases, physical with mental occupation is desirable. Active exercise in the open air, moderate labor in the garden, about the pleasure grounds, the flower borders, or on the farm, stand prominent for good results. In the work-shop, occupation in carpentering, joining, mattress making, turning and making fancy or useful articles, is available to many. Walking inside of the enclosure is intended to be used by nearly every patient in the house, twice a-day, during the entire year, except in stormy weather, and the paved, gravel, or tan walks, between two and three miles in extent, offer facilities for the purpose. The green-house and care of plants please some in the proper season, while in hot weather many spend most of their time in the open air, in the groves and woods, which are neatly fitted up with summer houses, rustic seats, &c.

A considerable number indulge in long walks outside of the enclosure, either to the many objects of interest in the city of Philadelphia, or to attractive spots even many miles from the institution. Short excursions are occasionally made on railroads or in steamboats. The carriage and horses are in constant use. Exercising swings, the pleasure railroad, the ten-pin alley, and various other active games in the open air, are at times, enjoyed by many.

Within doors, are many more decidedly mental means of occupation. Among these may be mentioned the use of a good library of about eleven hundred volumes, a great variety of newspapers and periodicals, conversation, writing, the study of some of the languages, mathematics, or other favorite branches of science; reading aloud to the patients of certain wards, by the teachers or attendants, the regular course of lectures already referred to, exhibitions of a great variety of interesting subjects by means of the magic lantern, very beautiful dissolving views, boxes for perspective views, a large assortment of engravings, prints, and illustrated papers, and the examination of curiosities and specimens of natural history. Various musical instruments are used by individual patients, and we have occasional concerts with social parties. We have nearly every variety of games for those who take an interest in them, and every form of innocent employment, which taste, utility, or previous pursuits may indicate, is encouraged. Many varieties of fancy work are favorites with the patients, and a large number derive great advantage from the cheerful aid they offer in assisting the attendants and others in the performance of their various duties about the house."

*Memoranda of Anatomy, Surgery and Physiology; forming a pocket companion for the young Surgeon, or for Students preparing for Examination.* By MARK NOBLE BOWER, Surgeon. Corrected and revised by an American Physician. 18mo., pp. 325. Samuel S. & Wm. Wood. New York, 1848.

This is a concise Summary of the subjects indicated in the title page, and, as far as we have looked into it, a very correct one. From its brevity it is well adapted to refresh the memory, although little calculated to supply all the requisite information upon subjects so important and extensive.

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*Twenty-fifth Annual Report of the Managers of the New York Asylum for Lying-in-Women.* Presented March 22, 1848.

This charitable institution has been in existence a quarter of a century, in which time it has undoubtedly done much to relieve the sufferings of many unhappy women. We do not discover from the present Report whether the objects of the charity are married women exclusively, or whether its benevolence is more expanded.

It appears that ninety-five patients were admitted during the last year, two of whom, however, did not prove to be proper objects of the charity. The majority of the cases of labour are reported to have been natural—five having been deviations. In the out-door department there were 342 applicants.

We are pleased to observe that the Managers award proper credit for ability and faithfulness to their "excellent Physician," Dr. Stimson, who has the immediate charge of the patients in the Asylum, as well as to the "district physicians," of which there are eighteen.

A proper acknowledgment of such important services by *kind words*, is in general all that physicians get in public institutions of this kind, and too frequently even that poor pay is withheld.

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*Annual Address to the Chester County Medical Society; delivered April 25, 1848, by WILMER WORTHINGTON, M. D.*

This is a sensible address, mainly devoted to the inculcation of sound ethics, in the course of which the author is necessarily led to speak

of modern quackery, Thompsonism, Perkinsism, Homœopathy, Hydropathy, &c. Homœopathy, is properly examined, and its ridiculous pretensions rightly exposed. But that the subject has grown so stale as scarcely to attract notice any longer, we should be tempted to extract some of the passages in this address wherein the humbug is most effectually dissected.

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## THE MEDICAL EXAMINER.

PHILADELPHIA, JULY, 1848.

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### THE CHOLERA.

It was hoped that the further progress of the Cholera on the Continent of Europe was stayed, but the last steamer from England brings intelligence of a reappearance of the disease in Moscow and other parts of Russia, marked by great severity.

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### EXTENSION OF THE LECTURE TERM BY THE MEDICAL COLLEGES.

It will be recollected, that at the Medical Convention which was held in Philadelphia last year, resolutions were passed requesting the Colleges to extend the term to *six months*, and pledging the support of the Convention to such schools as adopted that and other proposed improvements. At the meeting of the American Medical Association this year, in the City of Baltimore, the Committee on Medical Education in their report, which was adopted by the Association, recommended that the term should be *five months*; and the resolution pledging the support by the Association of such schools only as adopted the suggestions of the Association, was passed over as partaking too much of the character of a menace.

All must rejoice at the spirit which is manifested in these proceedings, so much more in accordance with the dignity of the body than the hasty resolves of the previous year.

By the advertisements of several of the schools, we perceive that the lectures of the next session will commence at an earlier day than on former occasions, although some of those in the larger cities, as well as country places, are not disposed to change. The Boston School, and the University of the City of New York, adhere to their present system of four months.

In the Jefferson Medical College of Philadelphia, it will be seen by an advertisement on another page, the term will commence on the sixteenth of October, instead of the first Monday in November, as heretofore, by which arrangement the term will be extended three weeks. Practical Anatomy, however, is taught during six months of the year, commencing on the first of October; and the Clinical Lectures are continued, with the exception of a few weeks during hot weather, all the year round, without any charge to the student—so that instruction in the practical branches is actually given in the institution throughout ten months of the year. Similar arrangements likewise exist at the University of Pennsylvania, in which the regular lectures will commence on the same day as in the Jefferson College.

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## RECORD OF MEDICAL SCIENCE.

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*Proceedings of the Third Meeting of the Association of Medical Superintendents of American Institutions for the Insane.*—The Association of Medical Superintendents of American Institutions for the Insane, commenced its third meeting at the Astor House in the city of New York, on the 8th of May, 1848, the Vice President, Wm. M. Aul, M. D., in the chair, and Thomas S. Kirkbride, M. D., Secretary.

Present—Dr. James Bates, of the Marine Insane Hospital at Augusta; Dr. Andrew McFarland, of the New Hampshire State Hospital at Concord; Dr. Wm. H. Rockwell, of the Vermont State Hospital at Brattleboro; Dr. Luther V. Bell, of the McLean Asylum for the Insane at Somerville, Mass.; Dr. C. H. Stedman, of the Boston Lunatic Asylum; Dr. N. Cutter, of the Private Institution at Pepperill, Mass.; Dr. John S. Butler, of the Connecticut Retreat at Hartford; Dr. Amariah Brigham, of the State Lunatic Asylum at Utica, N. Y.; Dr. Pliny Earle, of the Bloomingdale Asylum, N. Y.; Dr. James Macdonald, of the Private Institution at Flushing L. I.; Dr. —

Renney, of the Lunatic Asylum on Blackwell's Island, N. Y.; Dr. G. H. White, of the Hudson (private) Lunatic Asylum, N. Y.; Dr. Horace A. Buttolph, of the New Jersey Lunatic Asylum at Trenton; Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane at Philadelphia; Dr. Joshua H. Worthington, of the Friends' Asylum at Frankford, Pa.; Dr. N. C. Benedict, of the Blockley Insane Asylum at Philadelphia; Dr. Fonerden, of the Maryland Hospital at Baltimore; Dr. Wm. M. Awl, of the Ohio Lunatic Asylum at Columbus; Dr. John M. Galt, of the Eastern Asylum of Virginia at Williamsburg; and Dr. John R. Allan, of the Kentucky Lunatic Asylum at Lexington.

Dr. Samuel B. Woodward tendered his resignation of the Presidency of the Association, which was accepted, and Dr. Wm. M. Awl was elected President in the place of Dr. Woodward, resigned; and Dr. A. Brigham, Vice President, in the place of Dr. Awl, elected President. The following preamble and resolutions in reference to its late President, were unanimously adopted by the Association, viz.:

**WHEREAS**, Dr. Samuel B. Woodward, at the present meeting of this Association, has tendered his resignation as President thereof,

**Resolved**, That whilst accepting this resignation, we cannot adjourn without declaring our high sense of the services of Dr. Woodward as President of this body, and also our full appreciation of his ardent and useful exertions for so many years in behalf of the unfortunate insane.

**Resolved**, That the Secretary of the Association be requested to transmit to Dr. Woodward a copy of this resolution.

Agreeably to appointment, Dr. Brigham read an obituary notice of the late Dr. White, of the Hudson Lunatic Asylum, and the first Vice President of this Association, which was directed to be entered upon the minutes.

Dr. A. V. Williams and Dr. Benjamin Ogden, two of the visiting physicians of the Asylum on Blackwell's Island, were invited to attend the sittings of the Association; and a resolution was adopted, authorizing each member to invite any person interested in its discussions.

In conformity with a resolution, adopted at the last meeting of the Association, Drs. Brigham and Macdonald made written and Drs. Earle, Rockwell, Bates, Butler, Allan and Kirkbride, verbal reports on the subjects of post-mortem examinations and the pathology of insanity, which, after consideration, were referred to the standing Committee on these subjects.

Dr. Kirkbride read a report from the committee on publication, which was accepted, and the Association subsequently resolved, That the committee on publication, appointed at the last meeting, be continued, and instructed to publish such of the reports and such parts of the reports made to this association, and such parts of its proceedings as they shall deem conducive to the public good.

Elevations and ground plans of many of the institutions for the insane in the United States and Canada were laid upon the table, for

examination by the members of the Association ;—also a great variety of carving and fancy work made by patients in the New York State Asylum,—and a number of ingenious buckles and other improved fixtures, intended to be employed on restraining apparatus, and sent to the Association by the maker, John D. Fisher, of Philadelphia.

Written reports were made on the following subjects, and after full discussion accepted, and laid upon the table, subject to future disposition by the Association, viz.:

On the comparative value of the different kinds of labour for patients, and the best means of employment in winter, by Dr. Rockwell; on the advantages and disadvantages of cottages for wealthy patients, adjacent to hospitals for the insane, by Dr. Kirkbride; on the relative value of the different kinds of fuel, for heating hospitals, by Dr. Bates; on the most economical mode of treating the insane of the poorer classes, by Dr. McFarland; on reading, recreations and amusements for the insane, by Dr. Galt; on the comparative value of treatment in public institutions, and private practice, by Dr. White; and on the effects on the insane, of the use of tobacco, by Dr. Cutter.

Remarks on the diseases and causes of death among the insane, were also read by Dr. Macdonald; on the statistics of insanity, by Dr. Earle; and a series of cases of mania-a-potu, treated by the inhalation of ether, in the Boston City Hospital, by Dr. Stedman.

Invitations were received and accepted to visit the Bloomingdale Asylum, under the care of Dr. Earle, and the private Institution at Flushing, L. I., under the care of Dr. Macdonald; and both institutions were subsequently visited, and examined with great satisfaction, and the thanks of the Association tendered to these gentlemen for their courtesy, attention, and bountiful hospitality.

The Association also accepted an invitation to visit the Asylum on Blackwell's Island, and, after a thorough examination of the buildings and arrangements, unanimously adopted the following resolutions.

*Resolutions respecting the Receptacle for Pauper-Lunatics at Blackwell's Island.*

The "Association of Medical Superintendents of the American Institutions for the Insane," holding their third biennial meeting in this city, have availed themselves of the kind invitation of the civil authorities superintending the receptacle for the pauper lunatics of this great metropolis, at Blackwell's Island, to visit and examine the unfortunate class there resident, and the provision made for their care, their amelioration, and their recovery.

It would be far more grateful to their feelings, could they leave this, as they do the other asylums for the insane, in this vicinity, which they have also examined, in silent but respectful regard at seeing great objects properly accomplished. In so doing, they would escape the unpleasant necessity of instituting painful criticisms in the face of personal civilities, and the hazard of being considered, by the unreflecting, as guilty of improper interference in the affairs of a community not their own.

Devoted, as most of them have been for many long years of their lives, to the care and restoration of those deprived of reason; familiar, as many of them have been from personal examination, with the condition of this class of sufferers under the varying circumstances of the different communities of the old and new world; looking upon themselves, while citizens of widely separated states, as common denizens of that republic of humanity that knows no state lines, they willingly venture all risks of being misunderstood and misrepresented, when they declare their conviction, that the arrangements for the three or four hundred pauper lunatics of this city are far in the rear of the age, of the standard of other regions equally advanced in civilization and refinement, of the imperative demands of common justice, humanity and respect due to the image of a common Father, however much disfigured and changed.

They would, therefore, appeal to the authorities of this mighty and opulent metropolis of the western world, to sustain the honor of their leading position; to those who must feel that they and their children have no immunity against loss of property, of friends, and of reason, to those who recognize the obligations imposed by their own elevation and success to protect the friendless and miserable, to interpose their determined resolution no longer to permit the Empire City to stand below the demands of the age, in the justice, humanity, yea, in the common decency, with those guilty of no crime, but stricken by the hand of Providence in the loss of reason, are treated. Suffer no longer, we implore you, those whose sensibilities are not extinguished, but may even be more intense, whose honest self-respect and pride of character is not always permanently obliterated, whose return to society and to usefulness is not elsewhere the rare exception, but the expected result; to be abandoned to the tender mercies of thieves and prostitutes, who are, to a considerable extent, the associates and keepers of this helpless charge, and clothed with all the delegated authority and influence, which such a relation necessarily implies.

This Association has neither the means nor disposition to inquire why the pauper lunatics of this community should have been allowed to lapse into that depth of degradation and neglect, of which it would be difficult elsewhere to find a parallel.

Enough is it for them to know, that such is the fact, notwithstanding plans and designs for every modern architectural requirement, as well as curative and ameliorating appliances, have been long in the hands, and subjected to the favorable criticism and comparison of those elsewhere charged with the same duties, and have been recognized as fully adequate to meet the exigency.

They have examined the recent report of the medical visitors, and conclude with them fully in their conclusions, as to the necessity of an entire change in the system; in the impossibility of doing all that justice, humanity, and a sound economy require for the insane, except at a cost of money sufficient to provide faithful, competent, respectable assistants or keepers, and adequate means of classification,

inspection, labor, amusement, ventilation, and cleanliness. They believe a just economy requires the abandonment, or conversion to collateral uses merely, of those miserable apologies for insane hospitals, known as the old and the new *madhouses*; and that if the island is retained as a site for these institutions, the original design, fully satisfactory in its great outlines and principles, should at once be carried out to completion.

The following preamble and resolution were adopted by the Association, viz :

**WHEREAS**, in the selection of medical superintendents to American institutions for the insane, it is important to choose men with the highest qualifications, both as respects professional acquirements and moral endowments, therefore,

**Resolved**, That any attempt, in any part of this country, to select such officers through political bias, be deprecated by this Association as a dangerous departure from that sound rule which should govern every appointing power, of seeking the best men, irrespective of every other consideration.

The following resolutions were also adopted during the different sessions of the Association:

**Resolved**, That a committee be appointed to report to this Association, at its next meeting, the best terms for the classification and designation of the different forms of insanity, and also the best anatomical and pathological terms for the various parts of the brain, and a nomenclature of the diseases which prove fatal to the insane.

**Resolved**, That a committee be appointed to suggest the best plan of calling the attention of physicians in general practice to the proper treatment of the insane at their homes, and especially to their treatment during the first period of their disease.

**Resolved**, That the members of this Association be requested to prepare and present to a future meeting, a statistical analysis of all the cases of insanity which have been admitted into the different institutions under their care.

**Resolved**, That all subjects heretofore referred to committees and not reported on at this meeting of the Association be continued in the hands of the present committees for future action.

**Resolved**, That a committee be appointed who shall, either before or after our adjournment, select subjects and appoint members to report on the same, in writing, at the next meeting of the Association.

**Resolved**, That previous to the future meetings of the Association the secretary be requested to invite the Boards of Trustees, Managers, or official visitors of each insane asylum on this continent, to attend the sessions of this body.

**Resolved**, That the thanks of this Association be tendered to Messrs. Coleman & Stetson, of the Astor House, for their very liberal provision for the meetings of the Association, and for which, on account of its benevolent objects, they have declined receiving compensation.

**Resolved**, That the thanks of the Association be tendered to the officers for the able manner in which they have performed the duties of their respective stations.

*Resolved*, That the Secretary be instructed to furnish an abstract of the proceedings of the Association to the editor of the American Journal of Insanity, and to the editors of the various Medical Journals in the United States, for publication in their respective periodicals.

The Association continued its sessions until the afternoon of the 12th of May, and then adjourned to meet in the city of Utica, N. Y., on the third Monday of May, 1849, at 10 o'clock, A. M.

By order of the Association,

THOMAS S. KIRKBRIDE, *Secretary*.

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*Contributions to Acoustic Pathology.* By JAMES MERCER, M. D., F. R. C. S. E., Lecturer on Anatomy and Physiology, and on Diseases of the Ear, Edinburgh.

PART III.—*On the Pathological Sequences of Acute Inflammation of the Fibro-mucous Structures of the Cavity of the Tympanum.*—  
TYMPANITIS—MYRINGITIS.

The inflammation that attacks the fibro-mucous structures of the cavity of the tympanum, may be either of a simple or isolated form, as when the membrana tympani is alone involved, or when it engages to a limited degree the membrane, and, more or less, the general investing membrane of the cavity; or it may be of an extremely complicated nature, more severe in its symptoms, and more fatal in its pathological sequences and results, in consequence of the numerous complications which this form of disease has always with all the deeper-seated parts of the organ.

The name of "*myringitis*" has recently been applied to this very complicated and dangerous form of disease of the middle ear, by Mr. R. A. Wilde, an experienced and scientific practical aurist of Dublin. In a paper published in the November number of 1847, of *The Dublin Quarterly Journal of Medicine*, this author has given the profession a most admirable and graphic description of the history, symptoms, and treatment of this formidable disease; and to this able production I would refer the readers of this paper, for the truthfulness of its description of the history, progress, symptoms, and treatment of it, both in the acute and chronic forms. It would be a mere repetition on my part, were I to attempt to add any thing to the above-mentioned production, as it is complete in itself; and, as I have stated at the commencement of this paper, I shall confine myself strictly to the pathological sequences resulting from this form of disease, myringitis. In this I do not wish to detract any thing from the credit due to Mr. Wilde; but, as a fellow-labourer in the same path in which he treads, I need only remind him, that "if we would treat of a science systematically and profitably, it is above all things necessary only to isolate it."—(*Feuchtersleben, Medical Psychology*.)

The pathological sequences which results from myringitis are very numerous, and by far the greater proportion of them are commonly fatal. I have endeavoured to arrange these, as simply and con-

nectedly as the history, progress, and relative terminations of them enabled me to do; and of these I would enumerate the following list, which I have been able to glean from the records of science, or have seen in my own experience.

SECTION 1.—Caries of the Parietes of the Tympanum, producing Meningitis, without Destruction of the Petrous Portion of the Temporal Bone.

SECTION 2.—Caries of the Parietes of the Tympanum, producing Meningitis or Cerebritis, in consequence of destruction of the Osseous Septum between its Cavity and that of the Cranium.

SECTION 3.—Caries of the Parietes of the Tympanum, inducing Phlebitis of the Lateral Sinus and Internal Jugular Vein.

SECTION 4.—Caries of the Parietes of the Tympanum; Necrosis of the Petrous Portion of the Temporal Bone; Destruction of the Portio Dura, in the Aqueductus Fallopii, producing Paralysis of the Muscles of the Face.

SECTION 5.—Caries of the Parietes of the Tympanum; Necrosis of the Petrous Portion of the Temporal Bone; Destruction of the Gasserian Ganglion, producing Paralysis of Sensation in one half of the Face and Mouth.

SECTION 6.—Caries of the Parietes of the Tympanum; Necrosis of the Petrous Portion of the Temporal Bone; *Opening of the Internal Carotid Artery in its Canal of the Temporal Bone*, either alone, or in conjunction with the Lateral Sinus, or the destruction of the Gasserian Ganglion or the Facial Nerves.

I.—*Caries of the Parietes of the Tympanum, producing Meningitis, without Destruction of the Petrous Portion of the Temporal Bone.*

The pathological connexion between the existence of diseases of the middle ear, and those of the membranes and substance of the brain, was for a long period unnoticed, and little attention was therefore paid to them; and it was not until within the last thirty years that special attention was directed to them, and their essential importance distinctly pointed out. The merit of the first improvement in this department of medicine is undoubtedly due to the late Dr. John Abercrombie, who, so early as 1821, directed the attention of the profession to the frequent occurrence of disease of the middle ear, as not only existing with, but generally preceding, inflammation of the dura mater, or the immediate investing membranes, or the substance of the brain. But even at this early period, Dr. Abercrombie did not press this important fact so forcibly on the profession as his subsequent experience enabled him to do. For in his case of meningitis of the cerebellum (case 15th, Ed. 2d, 1829) that proved fatal in 1821, the patient had laboured under all those symptoms which usually attend, and are characteristic of acute myringitis, and had also a discharge of purulent matter from the left ear very early in the disease. On inspection of the brain, it was found all healthy but the left lobe of the cerebellum. There, on its outer surface, was

formed a uniform deposit of thick puriform matter, most abundant on the left side. The pia mater of the cerebellum was highly vascular; the dura mater was healthy; there was some purulent matter about the pituitary gland, and in the cavity of the middle ear, but *there was no appearance of disease of the bones connected with the ear, or of the dura mater covering them.*

This case we look upon as the most simple form—considering the pathological results—of the more extensive ravages which accompany, and are produced by acute myringitis. It is well known to all practical aurists who treat diseases of the ear on the principles of histological pathology, that in every case of acute myringitis considerable morbid changes always result to the parietes of the cavity of the middle ear, and no discharge of pus can take place from this cavity until the integrity of the membrana tympani becomes destroyed. It is unfortunate that no special account of the actual state of the parietes of the cavity of the middle ear has been recorded in the above quoted case, further than that “there was some purulent matter in the ear.” Had the parietes of the cavity been more carefully examined; a greater extent of disease might have been detected. It is also well known, that if a person has once suffered from acute myringitis, and that this has been more or less successively relieved, that so long as any purulent discharge takes place from the external ear, the disease still exists in a chronic form; but if the patient becomes exposed to the influence of those agencies capable of reproducing the disease, it usually returns with all the force of an original attack.

I am inclined, therefore, to view this case as one of myringitis, and it is also further interesting, in showing that the disease of the membranes, or the substance of the brain, may result from diseases of the cavity of the middle ear, and without any destruction of the petrous portion of the temporal bone.

## II.—*Caries of the Parietes of the Tympanum, producing Meningitis or Cerebritis, in consequence of destruction of the Osseous Septum between its Cavity and that of the Cranium.*

This is of more frequent occurrence than the former variety of cases, and is generally a very deceitful and insidious, but a most dangerous affection. It commences with all the symptoms of simple inflammation of the membrana tympani, or those of its more complicated form, myringitis; and many so affected consider it for a time as a trifling ear-ache. If a discharge of matter takes place from the ear, it is expected that the pain will be relieved; but on the contrary, it becomes more and more violent. The general course of such cases is, that the patient becomes drowsy and oppressed, delirium supervenes, shiverings, singultus and subsultus tendinum, and ultimately complete coma.

It is, also, not uncommonly found to occur in cases where acrid lotions have been employed to check suddenly the purulent discharge from the cavity of the tympanum, without any other counter-irritation having been adopted to prevent the occurrence of inflammation of

the brain. In these cases the patient, after complaining for a day or two of having had deep-seated and very acute pain, especially during the night, in the ear, and along the face or side of the neck, suddenly becomes restless and forgetful—lies rolling his head from side to side, or tossing about his arms, and in a short time sinks into coma.

In both of these forms, the petrous portion of the temporal bone will be found to be more or less destroyed; and, as an illustration of the general course and termination of this form of disease, I shall quote the following case from Dr. Abercrombie:

“A gentleman, æt. twenty, on the 20th January, 1820, complained of violent toothach seated in a tooth in the right side of the upper jaw. On the 21st the pain extended into the ear, without any other symptom. On the 22d the pain continued in the ear, and extended towards the temple. He lay in bed part of the day, but got up afterwards. Leeches were applied, and he took some laxative medicine, which he vomited, and he had afterwards repeated vomiting. On the 23d the pain was more general over the head and across the forehead, with some vomitings, and at night shiverings. During the night he became incoherent and delirious; he was then seen by a surgeon, who found him very incoherent, but complaining of severe headach; the pulse 70, moderate in strength. Dr. Abercrombie saw him on the 24th; his pulse was then 60; his face rather pale; the headach continued, and was chiefly referred to the forehead; his look was vacant; he answered questions distinctly when he was roused, but talked incoherently when his attention was not kept up. He was now treated by general bleeding, which he bore well; cold applications, blistering, and purging. On the evening of the 24th there was considerable shivering. On the 25th, there was less complaint, but more incoherence, and a tendency to stupor; pulse 60—70. On the 26th, pulse 100 to 120. On the 27th and 28th little change; answered questions when roused, but, when not spoken to, lay in an oppressed state, or talking incoherently; pulse 96 to 120; some slight, but fetid, discharge from the ear. On the 29th, constant incoherent talking; pulse 96, of good strength; *‘the right eye was suffused, the ball of it appeared turgid and enlarged, and the cornea was covered with a yellow slough.’* *‘In the course of this day the mouth was, at times, observed to be drawn to the left side, especially when he was drinking.’* At night he began to sink, and died in the morning of the 30th.

“*Inspection of the Head.*—There was some effusion under the arachnoid on both hemispheres; much effusion into the ventricles, and extensive ramollissement of the septum lucidum, the fornix and the cerebral matter bordering on the lateral ventricles. There was extensive caries of the right temporal bone; behind the ear, on the thin part of the bone, it was very dark-coloured; and the petrous portion of the bone was dark-coloured, very soft; and when cut into discharged matter from its cancelli, and from the cavity of the middle ear. The dura mater corresponding to the temporal bone was much thickened. The part of it which lay anterior to the petrous portion

was in a state of recent inflammation ; the part behind the petrous portion was much thickened and spongy ; and, between it and the bone, there was a deposit of thick purulent matter. From this place the disease had spread along the tentorium cerebelli, and nearly over the whole surface of the cerebellum, on almost every part of which there was a deposit of coagulable lymph, with thick, flocculent, purulent matter ; this was most abundant on the tentorium, and the right side and posterior parts of the cerebellum, and it was traced into the fourth ventricle. Under the cerebellum there was a considerable quantity of pus, and in its substance there was a small abscess, in the posterior part, between the lobes."

Such are the extensive ravages of this truly frightful disease ; and the two peculiar symptoms mentioned in the case, "twisting of the mouth," no notice was taken of it in the above report of the *post-mortem* examination. This will be more fully alluded to in a subsequent section of this paper, in reference to those cases of destruction of the entire petrous portion of the temporal bone, causing thereby destruction of the facial nerve in the aqueductus Fallopii ; as also the "peculiar symptoms shown in the right eyeball," in connexion with the same destruction of bone, injuring the Gasserian ganglion, which lies upon its cranial surface.

### III.—*Caries of the Parietes of the Tympanum, inducing Phlebitis of the Lateral Sinus and Internal Jugular Vein.*

This is another, and by no means an unfrequent termination of complicated acute tympanitis, myringitis. In this class of cases, the osseous posterior septum of the mastoid cells gives way, and, immediately on its occurrence, the dura mater covering the point of diseased bone becomes diseased, presenting all the symptoms of meningitis. From the proximity of the sigmoid curve of the lateral sinus along the cranial surface of the mastoid cells, the lining membrane of the vein becomes speedily inflamed, and, extending rapidly along it to the heart, forms a fatal phlebitis of the internal jugular vein.

The following case, reported in the Reports of the Dublin Pathological Society, Vol. XIX., is one of the most interesting examples of this form of disease in the records of medicine.

"A boy, æt. sixteen years, entered the Hardwicke Hospital in Dublin, May 27, 1840, under the care of Mr. R. W. Smith. He had been exposed to the greatest hardships and laborious exertions from his earliest youth. He had been ill for seven days previously to his entrance into the Hospital ; he complained of shiverings, and a cold, creeping sensation, succeeded by intense pain in the right ear and right side of the face. He had a nausea and vomiting, with a loss of appetite ; he was constantly drowsy, and prevented from sleeping by a loud noise in his ear.

"After remaining under medical treatment for a short time, he left the hospital and resumed his work ; but was soon obliged to discontinue it from the debility and occasional syncope with which he was overpowered. When he was again admitted he could not walk

steadily; he had no spasmodic or irregular action of the muscles, but he staggered from vertigo; he was thin and pale, and had a vacant stare, with large and equally dilated pupils; his answers to questions were slowly but rationally given; he complained of severe shooting pains through the back part of his head into the right ear, from which flowed a greenish, fetid matter; his tongue was white and moist; his pulse 132, sharp and small; and his skin was hot.

"He grew rapidly worse after his admission; he slept but little, started frequently from his sleep, moaning from the acute pain in his right ear; whenever he attempted to rise he supported his head with his hands, and was sensible of a noise in his head like the splashing of water; there was a sense of fluctuation and great tenderness over the mastoid process; a teaspoonful of fetid pus was given exit by incision, and the bone was found denuded of its periosteum; he had great epigastric tenderness and ardent thirst.

"Upon the 3d of June he had a jaundiced hue, and an attack of diarrhœa with tenesmus; he had also a distressing cough, and severe pain along the right side of the neck. Upon the 6th symptoms of arachnitis set in; violent, darting pain in the head; alternations of heats and chills; a rapid pulse; delirium; dilated and irregular pupils; vomiting; occasional singultus; he was restless; burning heat of scalp, and cold extremities; he soon became comatose, ceased to answer questions rationally, and died June 11.

"*Examination of the Head.*—The brain was firm; the left hemisphere pale; the right highly vascular in the interior, and the membrane covering it was minutely injected with blood, especially along its inferior surface. Three small purulent deposits, surrounded by a vascular circle, and apparently encysted, were found at the inferior surface of the right lobe of the cerebellum, where it corresponded to the lateral sinus. The dura mater was separated by pus and lymph of a green colour from the anterior surface of the petrous portion of the temporal bone; but there was no perforation of the membrane. Over that portion of bone which constitutes the superior wall of the tympanum, it was elevated into a small tumour by a collection of fetid matter, and presented a sloughy aspect. The portion of bone corresponding to this abscess, of a circular form, from about one fourth of an inch in diameter, was dead, and of a dull white colour. The process of separation from the living bone was far advanced, and at one point of its origin the separation was complete, and the aperture thus formed communicated with the cavity of the tympanum; the remainder of the petrous portion was remarkable for its vascularity; the membrana tympani had disappeared completely, and the membranous walls of the right lateral sinus, throughout the whole of the mastoid portion of its course, were much thickened, and the lining membrane of the vessel presented a sloughy appearance, being covered with lymph of a greenish hue, and smeared with unhealthy purulent matter. This condition extended along the internal jugular vein and superior vena cava, to within a short distance of the entrance of the

latter vessel with the right auricle. The lining membrane of the vena cava was of a dead tawny colour."

In connection with this division of our subject, I will also quote the following case, as reported by Professor Syme in the March number of the Monthly Journal of Medical Science, 1841, p. 153, wherein the carotid artery was tied for hemorrhage from the external ear, and similar in its pathological cause to the above-mentioned case.

"In the spring of last year, Dr. James Wood asked Mr. Syme to see a young gentleman, eleven years of age, on account of an alarming hemorrhage from his ear. He was recovering from an attack of scarlatina, in consequence of which both ears had suppurated, when, upon the fifteenth day, a large quantity of blood was suddenly discharged from the right side. During the six succeeding days the bleeding returned three times, to the extent, by computation, of a pound on each occasion. It was deemed proper to place a ligature on the carotid artery, which was concluded to be the source of the hemorrhage. Bleeding recurred while the operation was being performed, and twice again to a small extent, not exceeding a few teaspoonfuls, in the course of the following evening and night.

"For several days afterwards, there was hardly any appearance of blood, and all the circumstances encouraged the entertainment of favorable hopes. Symptoms of cerebral excitement, however, then showed themselves, and terminated fatally on the eleventh day after the operation.

"On examination, it was found that the carotid artery was *not* concerned in the disease, but that a small ulcerated aperture in the osseous septum, between the termination of the lateral sinus and the cavity of the ear, had permitted the blood to escape from this vessel.

"*Could this have been ascertained previously*, stuffing the ear would, of course, have suggested itself as the proper practice."

There is a foot-note in connection with the above reported case, in which Professor Syme refers to "a case of bleeding from the ear, in which recovery followed this operation" (tying the carotid artery.) I have consulted this case, and find that it has no pathological relation to the present section of cases. That case was, evidently, one of perforation of the internal carotid, before it had entered the canal in the petrous portion of the temporal bone, as the principal part of the blood that was discharged came from the back part of the pharynx. The *possible* symptom that was exhibited, *bleeding from the ear*, and leading to the supposition of perforation of the vessel, is distinctly shown from the results of the case to have been accidental. The blood that had been discharged into the pharynx would have been partly swallowed, and, during the primary effort at deglutition, the influence of the superior constrictor of the pharynx would carry the blood, also, into the pharyngeal opening of the Eustachian tube, and thence by it to the tympanum, where the membrana tympani, having been destroyed, it was discharged from the external ear.

It is unfortunate that, in the narration of the above case of Professor

Syme's, no notice was taken of the *physical properties* of the blood discharged. In cases belonging to the present section, where the symptoms are so doubtful and so deceitful, every trifling circumstance should be taken into consideration before a positive diagnosis is formed or acted on.

IV.—*Caries of the Parietes of the Tympanum; Necrosis of the Petrous Portion of the Temporal Bone; Destruction of the Portio Dura in the Aqueductus Fallopii, producing Paralysis of the Muscles of the Face.*

This form of complication with myringitis is of comparative rarity, and with the exception of two cases, accidentally mentioned by Dr. Abercrombie, one of which we referred to in the second section of the present paper, there is only another complete case on record, and reported by Dr. R. Graves, in the Dublin Journal, Vol. XX. I have met with one case also in my own experience; but it was complicated with loss of sensation (anæsthesia) of the face, and which I will notice in the next section.

The case of Dr. Graves is as follows:—

“A boy, about ten years of age, was admitted into the Meath Hospital labouring under general dropsy; he appeared of a scrofulous habit, and was much worn down by long-continued diarrhœa. Under appropriate treatment, his symptoms gradually, though slowly, disappeared, and he was restored to comparative health. We now observed that the right side of the face was paralysed, and on examination found that he had been subject to a discharge from the right ear for seven years previously. The paralysed cheek presented the phenomena usually observed in Bell's Paralysis. He was attacked soon after with acute pain in the ear, and in the left side of the head. A fortnight after, convulsions set in; the pain moved from the side to the back of the head, then to the back of the neck, and ultimately extended the whole way down the spine, and about this period the diarrhœa diminished. A few days before his death he was attacked with spasms resembling those of tetanus, and the surface of the body became exquisitely tender to the touch. He never had any loss of motion, and to the last his intellect was perfect. From the period when the pain set in to that of his death, the convulsions returned six times.

“*Post-Mortem.*—The portio dura was dissected on the face, and found healthy; the nerve was also healthy from its origin at the base of the brain to the entrance into the meatus auditorius internus. Immediately above this opening the dura mater was of a greenish colour, detached from the bone as if by fluid, and perforated by a round hole, large enough to admit one small crow-quill. On dividing this part of the membrane, the space between it and the bone was occupied by a thick, greenish offensive pus, and the opening in the dura mater was observed to be opposite to the foramen in the petrous portion of the temporal bones, called the *aqueductus vestibuli*. This opening was much enlarged, and the bone of it was in a carious condition.

“The nerves at the base of the brain were bathed in this thick green

pus, but the organ itself was every where healthy, and free from excess of vascularity. The arachnoid was thickened and opaque, and the pia mater not more injected than natural. The ventricles were not distended. The theca vertebralis was much distended by the same kind of matter, which flowed abundantly from any accidental puncture of the membrane. The matter was contained in the sac of the arachnoid, which membrane was quite healthy, and presented its usual glistening appearance; no thickening or opacity in any part of its extent. The pia mater was also free from disease; all the attachments of the ligamentum dentatum remained unbroken. The spinal chord, on being slit up, presented no trace of disease. The roots of all the spinal nerves from the base of the brain were bathed in pus, the presence of which fluid on the surface of the brain and spinal chord, had no doubt irritated those organs, and occasioned the tetanic symptoms and the cutaneous tenderness. The portio dura was traced through the aqueductus Fallopii, about a quarter of an inch from its entrance; the nerve was completely cut through, and the petrous portion of the bone was extensively destroyed, and presented a mere shell. The membrana tympani, and all the internal ear were completely destroyed."

It may be further mentioned here, that the spot where the portio dura was cut through, corresponds exactly to the point where the great petrosal, or vidian nerve, joins the portio dura, and forms the intumescencia gangliiformis.

I shall now proceed to consider the fifth section of cases, which, when they do occur in practice, are usually complicated with those of the fourth; viz. paralysis of sensation in one half of the face—*anæsthesia*.

*V.—Caries of the Parietes of the Tympanum; Necrosis of the Petrous Portion of the Temporal Bone; Destruction of the Gasserian Ganglion, producing Paralysis of Sensation in one half of the Face.*

When we find paralysis and distortion of the face, with loss of sensation of the parts, we have reason to suspect the disease within the head, even without the existence of any active morbid action in the cavity of the ear. These cases have been referred to by the late Dr. Abercrombie in his section on diseases of the nerves; but he has not favoured us with any cases of anæsthesia of the face, produced by the previous existence of myringitis. His cases, however, are of great importance, and relate entirely to those of paralysis and anæsthesia consequent on some morbid state of the membranes surrounding the exit of the nerves from the cranial cavity in the substance of the brain, at their points of origin or emanation, or in some part of their course for distribution.

The symptoms of such cases are from those of the special case in connexion with myringitis, which I shall relate in every respect similar to those described by Dr. Abercrombie. The case is as follows:

"A young girl, seven years of age, and of a strumous habit of body, became affected with scarlatina anginosa in the summer of 1843.

She was the daughter of a travelling gipsy, and resided in a wretched hovel in one of the filthiest alleys in the south side of the town. I was called to see her in the course of one of my dispensary visits. It was on the sixth day of attack when I first saw her. The cutaneous eruption, which had evidently been very dark, was almost gone; there was great difficulty in breathing, a hoarse voice, sneezing, cough without expectoration, and an occasional slight hemorrhage from the nose. The surface of the tongue, and insides of the cheeks, were covered with numerous aphthæ; the tonsils were much swelled, but there was no evidence of decided gangrene, though there was considerable superficial ulceration on both sides. The child was delirious, and had been so for twenty hours, screaming wildly, and instinctively putting her hands to her right ear, the right side of her face, and neck. When she was coherent, she complained to her mother of a severe pain coming on in these parts, and, when I attempted to examine her ear, she instinctively indicated severe agony, and tried to thrust away my hand. A discharge of matter had taken place from the right ear four hours before I saw her; but the symptoms showed no relief. On examining the mastoid process it was larger than usual, discoloured, and had a slight feeling of softening and pitting. An incision made into it gave exit to a full teaspoonful of very fetid pus; but none of the small bones, or any gritty particles, could then be found in that discharged matter, or in that coming from the outer ear. A large warm linseed meal poultice was applied to the right ear and side of the face; two grains of calomel, and three grains of Dover's powder, were ordered to be given every four hours, and, in the intervals, a teaspoonful of weak wine and water.

"On the morning of the second day there had been a decided increase of all the cerebral symptoms; the wine and water had been swallowed with difficulty, and part of it ejected again. A small enema of *Ol. Terebinth* and gruel, that had been exhibited the previous night, had operated well in emptying the bowels. The discharge still continued, both from the outer ear and the incision in the mastoid process, and, on examining the concha, I found the malleus and incus bones, with the stapes attached to the latter, there amongst the discharge. Several gritty pieces of bone were also picked out from that of the mastoid process; and I fully concluded that complete destruction of the ear bulb had taken place, and that necrosis of the petrous portion of the bone would follow. No palsy of the muscles of the face as yet; but difficulty in swallowing. The eye-ball appeared larger than before, and had a dull look. A feather gently rubbed upon it still gave sensation, by a sluggish twinkling of the eyelids. Continued the medicines.

"At six, P. M. that day, I again called, and found the cerebral symptoms the same. There was more incoherence, and extreme restlessness; she tossed about her hands and legs, and, whilst I was present, she had a short convulsion. There was now distinct paralysis of the muscles of the face; greater difficulty in swallowing; the eyeball appeared still larger, and seemed to be starting from the orbit. It

had become deeply congested, and was quite insensible to the irritation of the feather. The skin of the right side of the face might be pierced or pricked, but no sensation was evinced. The inside of the same cheek was in a similar state. I rubbed a little strong salt along the inside of the cheek, and along the right side of the tongue, but no evidence of any sapid body being there was shown; and a similar result followed the giving of a little powdered colocynth. On the left side of the face, however, there was distinctive evidence of sensibility remaining both to pricking, salt, and colocynth; and the eyeball there was also fully sensitive and apparently healthy. There was a slight fetid and bloody discharge from the right nostril. On examining the aperture of the mastoid, I found a spongy-looking mass of bone impacted in the incision there. This I carefully removed by a slight enlargement of the opening (the mastoid bone was very soft and easily cut,) and removed a great part of the mass of the petrous portion of the temporal bone. I bathed, then, the ear very gently with a sponge saturated with tepid water; gave her a little pure wine, and ordered a beef-tea enema. All the symptoms, as I left, were gradually increasing in severity.

"On washing carefully this necrosed portion of bone, I found it still to possess the conformation of the natural bone; its substance, however, was converted into a spongy mass, and the osseous labyrinth of the ear-bulb formed but a general part of the cancellated structure of it. Early on the third morning I found that, shortly after I had left, the convulsions came on with great frequency and violence; shiverings repeatedly; singultus, and ultimately coma, and death about four o'clock A. M. A dissection was granted.

"*Post-mortem appearances.*—To be careful in our examination, we succeeded in securing the entire head, stuffing up its place neatly, and leaving it apparently entire. On removing the calvarium and the dura mater corresponding to it, we found but a trifling sub-arachnoid effusion of opalescent lymph. No serum in the sac of the arachnoid there, but some congestion of the vessels of the pia mater on the upper surfaces of both hemispheres of the cerebrum. On slicing off these, there were a few bloody points here and there, similar to those found in cases of simple congestion of the veins of the cerebral substance. The lateral ventricles contained about two drachms of serum, and the septum lucidum and fornix were much softened. The choroid plexuses were much congested. On removing the entire nervous mass, we found the dura mater covering the upper surface of the petrous portion of the temporal bone very much diseased; it was elevated, soft, and spongy, of a dullish colour, and apparently on the point of becoming gangrenous. No distinct aperture was found in it, and it was raised up solely in consequence of the cavity from which the necrosed bone had been discharged, that cavity being completely filled with pus, and, floating on its surface, we found the Gasserian ganglion in a state of perfect destruction. The facial nerve was also found destroyed at its entrance into the aqueductus Fallopii, and was found so until the lower part of the stylo-mastoid canal. The

whole of the osseous labyrinth had been destroyed and discharged; the osseous portion of the Eustachian tube that opens into the cavity of the tympanum was entire, but evidently diseased, and the internal carotid artery was not affected. Had the diseased action but continued for a few hours longer, the septum between this vessel and the tympanum would have been destroyed, and the vessel would have been opened. None of the tympanic muscles, vessels, or nerves, could be found; the osseous septum between the cavity and the sigmoid groove for the lateral sinus was entire, and no effects had been produced in the jugular vein.

"The inferior surface of the right middle lobe of the cerebrum, that lay upon the affected temporal bone, was highly inflamed, and much softened; there was a considerable effusion of lymph at the inner extremity of the right fissure of Sylvius, around the chiasm of the optic nerves, the tuber cinereum, the corpora albicantia, and the locus perforatus posterior, placed between the cura cerebri. The vascularity extended along the right crus cerebri to the mesocephalon, and thence, by the right crus cerebelli, to its right hemisphere. To all these parts the lymph effusion was chiefly confined, and there was also some fluid in the cerebellar fossæ, the greater part of which had escaped by the removal of the head. The eyeball had not gone on to complete disorganization; but every part of its interior structure showed distinctive evidence that it was far advanced in a state of gangrene. The vitreous body, and all within the iris, were converted into one confused mass.

"On dissecting the right nasal fossa and the pharynx, I found the Schneiderian membrane there in a state of extensive ulceration, not only in the general cavity, but also in all the facial cavities. The tonsils and side of the pharynx were also ulcerated; but the pharyngeal opening of the Eustachian tube, though also much ulcerated, was considerably entire. The left side was also much affected, but does not deserve a special description."

Such were the appearances seen in this interesting case; and I shall only add a few remarks in reference to its importance. It was remarked by Dr. Abercrombie (p. 447,) *loc. cit.*, "that a remarkable circumstance connected with the affections of the fifth nerve, is the tendency to inflammation and sloughing in parts which have lost their sensibility—particularly in the eye." Dr. Abercrombie relates a case that occurred to Dr. Alison, in which these results on the eyeball were very distinct; but the pathological cause did not belong to the present class of cases, as it was consequent on diseases between the Gasserian ganglion and the origin of the nerve at the mesocephalon.

VI.—*Caries of the Parietes of the Tympanum; Necrosis of the Petrous Portion of the Temporal Bone; Opening of the Internal Carotid Artery in its Canal of the Temporal Bone, either alone, or in conjunction with the Lateral Sinus, or the Destruction of the Gasserian Ganglion or the Facial Nerves.*

From the pathological sequences which I have shown as resulting from the ravages of complicated acute tympanitis, it will be easily

understood that the above section of cases can easily form one of their number. The situation of the internal carotid in the canal of the petrous portion of the temporal bone, is not so secure in the nature of its position, or in the thickness of its osseous defences, as not to warn us that, some time or other, it will share alike in its destruction, as a sequence of myringitis, similar to what has so frequently occurred to the lateral sinus, and to the fifth and seventh pairs of nerves. There are several vulnerable points in the course of the artery in the canal of the bone, and the wonder is, that not one single case of its destruction has been put on record, so far as I can find; but that it is just as liable to destruction as any of the others are, is our decided conviction.

As I cannot present a single complete case to the profession in reference to this section, I must now conclude my remarks on this subject, by trusting that some more favoured observer will yet meet with such a case, and thus complete more fully the melancholy list of sequences that may follow acute tympanitis.—*Monthly Journal*.

*Medical Congress of Italy.*—Amongst the papers read at the scientific meeting, held at Venice, in September, 1847, (Section of Medicine and Surgery,) was a communication by Dr. Verga Andrea, of Milan, on steracutine. Such is the name given, some time ago, by Professor Semmola, of Naples, to a fatty substance of a greenish colour, which children at the breast sometimes evacuate, whilst under the influence of some nervous attack, as colic, eclampsia, epilepsy, syncope, &c.; and which the Neapolitan professor attributed to the imperfect digestion of the butyrous portion of the milk. Dr. Verga's researches tend to elucidate the following points:—

1. That children at the breast void such solid fatty concretions, when under the influence of certain diseases, is correct. These concretions are more or less rounded, transparent in their periphery, soft to the touch, insoluble in water, but soluble in alcohol.

2. This substance is not voided by sucking children only; they have been seen at six and seven years old, and even in adults.

3. Nervous diseases are not the only affections connected with it; the author has observed it in measles and meningitis.

4. This substance is almost exclusively composed of stearine, and cholesterine exists in it in a very small proportion.

5. There is no constant and regular connexion between these evacuations and the progress of the diseases during which they may be observed.

6. Like other excretions, this may prove critical and salutary, or it may be merely symptomatic, and of a bad omen.

A paper, read by Dr. Calmarino, of Naples, contained the following quaint proposal for the establishment in town, as well as in the country, of a Female Hygienic Society, under the immediate direction of the medical men of the place, in order—

1. To lead the young brides to the nuptial bed.

2. To watch over their first pregnancy, directing the young wives what they ought to do or to avoid.

3. To be present at the first delivery ; to watch over careless midwives, and give proper advice.
4. To induce the mothers to nurse their children themselves.
5. To teach them the proper way to get their offspring safely over the period between birth and dentition.
6. To give good counsel to young girls as to the developement of puberty, and concerning the care they should take of themselves.
7. To instruct all young girls on the eve of marriage.

(The secretary of the Section does not say what the meeting thought of this curious proposal.)—*London Lancet*.

*Another Theory on Phthisis.*—M. Wanner has communicated to the Académie de Médecine the result of certain investigations and experiments which he has made relative to the phthisical diathesis, by which he is led to believe that *calcareous* principles are the main cause of phthisis. M. Wanner had been informed that consumption was entirely unknown in the district of Sologne ; he took up his residence in that part of the country for the space of fifteen months, and carefully investigated the subject. He found that a certain part of Sologne was really free from the slightest appearance of phthisis, scrofula, tabes mesenterica, or the calculous diathesis. The soil in this tract of land is, to a depth of about 240 feet, composed of silica and alumina, without the presence of calcareous matters ; and the arable surface, which has very little depth, contains the same substances, with the addition of vegetable detritus. In some parts there is a certain amount of alluvial earth, but nowhere is there any lime to be detected. Those plants which thrive in calcareous soils are of course very stunted here ; no vegetation flourishes but that which principally depends on silica—viz., rye, buck-wheat, some grasses, and a few potash and soda plants. From these facts, and the further study of the subject, the author concludes that tubercles owe their origin to the calcareous principles which are contained either in the solid food or in the different beverages which we make use of. The following is the author's classification of the causes of tuberculization :—

1. Aliments containing calcareous principles.
2. A certain state of the blood ; whether the individual has been weakened by any extraneous cause, or by heredity.
3. Privation of exercise.
4. Damp dwellings and absence of light.
5. The introduction into the pulmonary organs of different kinds of dust.

Some therapeutic indications seemed to spring from these facts, and the author was induced to try the effect of large doses of carbonate of soda in the treatment of phthisis ; but the attempt was unsuccessful. This medication seemed to him to be of benefit but to patients affected with chronic catarrh. The only practical advice which the author deduces from his long investigations is to recommend a residence in Sologne to those people who are labouring under a very recent tuberculous diathesis. We are anxious to see how the com-

mittee appointed by the Academy to report on this communication will take up the matter.—*Ibid.*

ACADEMY OF SCIENCES.

*Apparent Death. Premature Interments.*—This question was made the subject of a competition for a prize, to be awarded in 1848. M. Rayer reported on the comparative value of the essays presented to the Academy.

The two following questions had been proposed by the Academy:—  
1. What are the characters of apparent death? 2. By what means can premature interments be prevented? Amongst the numerous memoirs presented on this subject, one only, that of Dr. Bouchut, had appeared to the commission to deserve a recompense. According to Dr. Bouchut, the certain signs of death were immediate, or occurred only after a certain time. The former were three in number, viz., the prolonged cessation of the pulsations of the heart; the simultaneous relaxation of all the sphincters, due to the paralysis of these muscles; and the collapse of the eyeball, together with the dimness of the cornea. In the opinion of the commission these signs had not all an equal value: from observations made on the human subject, and experiments on animals performed by the commission and by Dr. Bouchut, the reporter thought himself justified in asserting that the absence of pulsation of the heart, ascertained by auscultation during a period of five minutes, could leave no doubt on the cessation of life. This sign of death appeared to the commission to derive an additional degree of certainty from the fact that the definitive arrest of the movements of the heart caused immediate cessation of respiration and of the accomplishment of the functions of the nervous system, when it was not preceded by them. The simultaneous relaxation of the sphincters and the collapse of the eyeball did not, said the reporter, present the same degree of certainty with regard to the reality of death.

As to the subsequent and certain signs of death, M. Bouchut also admitted three, viz., rigidity, absence of muscular contraction under the influence of galvanic stimulus, and putrefaction; the certainty of these signs was admitted by all professors of forensic medicine, and was incontrovertible.

In conclusion, the reporter observed that four positive signs of death existed: prolonged cessation of the sounds of the heart, rigidity, absence of contractility under galvanic stimulants, and general putrefaction. The three former occurring long before the last-mentioned sign, it was not necessary to await the latter in order to proceed to the operations of embalming and inhumation, but that the recognition of the three former signs should be left to the experience of a physician; and finally, that as it was possible to ascertain positively the reality of death without waiting for the putrefaction of the subject, the establishment of dead-houses on the German plan was unnecessary. Dr. Bouchut's memoir was the best which had been presented on these questions for ten years, and the commission proposed that the prize be awarded to him.—*London Medical Times.*

*Sale of Horse-flesh*—Since the siege of Copenhagen in 1807, horse-flesh has been regularly sold by the butchers in that capital for general consumption. The only formality required is, that a horse, before it is killed, should be examined by a veterinary surgeon, and marked on each hoof. There are even shambles especially licensed, where nothing but horse-flesh is sold. The establishment is placed under the immediate superintendence of the Veterinary College. In Belgium, the horse-flesh obtained from Meulenbeck-Saint-Jean, where a large number of horses are killed, is publicly sold, and when it gets stale is used for sausages. We are afraid that the British poor consume unconsciously a good deal of the same article.—*Lancet*.

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*Medico-Legal Question*.—There is now pending, in the (*ci-devant*) Cour Royale of Poitiers, a case of appeal which is interesting in a medico-legal point of view. Dr. Vivielle has been fined in costs, by a lower court, for refusing to give evidence as a witness, he considering the confidence placed in him by his patient, to be of a sacred nature. He had attended a Mr. B—— for a venereal affection, and the wife having been injured in her health by this circumstance, was also obliged to put herself under his care. She now sought a separation, and demanded from her medical attendant that he should disclose to the court every circumstance connected with herself and husband, which, as above stated, Dr. Vivielle refused to do.

The Medical Society of La Rochelle, where the parties are residing, has taken up the matter, and its members have testified to their associate their approval of his conduct. We must not omit to add, that this same Cour Royale of Poitiers gave, in 1828, a verdict in favour of the secrecy of medical men, in certain circumstances. Several letters have appeared in the French medical journals, advocating different views on the question, and the celebrated Laménais has been made to give his opinion. He very justly remarks “that a medical man has two distinct duties to perform—one towards his patient, the other towards society; and if it be incumbent upon him in the latter capacity, to apprise the authorities of the existence of a contagious disease, it is equally right and just that he should disclose any circumstance which might lead to the detection of wrong.” In our own country, a medical witness who refused to give evidence when called on in a court of law, would be liable to imprisonment for contempt of court.—*Ibid*.

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*Treatment of Nævus*.—Dr. Gordier, in a paper addressed to the Academy of Sciences, states, that in order to destroy or modify nævi materni, he introduces white lead under the skin by means of needles. This operation is soon followed by a little inflammation, phlyctenæ, and slight eschars. When the latter fall, the coloring matter employed, (the white lead,) which is very analogous to the colour of the parts around, takes the place of the nævus, and remains indelibly. (We suspect that this is rather far-fetched, and would hardly bear the test of practice.)—*Ibid*.

*Effects of Fear.*—The Journal de la Société de Médecine de Montpellier details two very curious instances in which the effects of fear had been strange and widely different, in one case tending to cure, and in the other fatal. A man thirty-five years old, was just going to be operated upon for strangulated inguinal hernia, when all the usual means for reduction had failed. Just as M. Cabarret was making the cutaneous incision he perceived the patient turning pale; respiration became very slow, and he was soon covered with a profuse cold perspiration; eyes staring, and the whole countenance haggard. But how great was the surgeon's astonishment when he perceived the sudden diminution of the tumour. Reduction had taken place during the shock produced by fear. A few drops of ether revived the patient, and in two days afterwards he was perfectly well. The second case refers to a young man twenty-three years of age, of a lymphatic temperament, and whose cervical glands were tumefied. Having received a challenge to fight a duel, which he had accepted, immediately on returning home he complained of headach, and went to bed, where he remained in a state of great prostration for four days, without answering any questions. On the fourth day, inflammatory fever came on, and on the eighth, he died in a low typhoid state. Intelligence remained clear to the last, and no complaint of any pain whatever was made.—*Ibid.*

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*A Point in the treatment of Mammary Abscesses.*—"The following is a case of no very unusual occurrence:—A mother loses her infant, and neglects to pay that attention to herself which her case requires. No attempts being made to relieve the distended breast of its secretion, the gland becomes hard and painful, and at length abscesses form in different situations. If the treatment is confined to the evacuation of matter by puncture, and to the application of fomentations and poultices, but little good is done. The former abscesses continue to discharge, fresh ones are constantly forming, and the woman at length sinks into a state of hectic. Means should be used to stop the secretion of milk, which has been going on all this time, and perpetuating the mischief. We have no better means of effecting this than by the administration of a hydragogue purgative. I am usually in the habit of prescribing the sulphate of magnesia in the compound infusion of roses, to which, when there is much hectic and debility, I add some quinine and dilute sulphuric acid. The effect of this treatment is sometimes almost magical. I have known a woman, who for months had been suffering from a succession of mammary abscesses, begin to get well from the moment the salts produced its liquid evacuations from the bowels; the secretion of milk ceased, and the purulent discharge diminished, a more adhesive inflammation being established in the place of these two actions."—*Provincial Journal.*

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ORIGINAL COMMUNICATIONS.

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*A Case of Encephaloid Tumour.* By GEORGE L. UPSHUR, M. D.,  
of Norfolk, Virginia.

Mrs. C——, the subject of this notice, was 73 years old on the 28th of February, 1848; of a sanguineous, lymphatic temperament, and originally robust constitution. She had not a gray hair in her head, and could see to do the finest needle-work without spectacles, having never been *near sighted*. For more than twelve years before her death, she was subject to a discharge from the vagina of a sanious fluid, unaccompanied by pain, or other unpleasant sensation, and apparently without detriment to her general health, which, until April, 1847, had been uninterruptedly good.

About the beginning of April, she felt upon the scalp, just over the left parietal protuberance, an intensely burning, itching sensation over a surface about as large as a shilling. The part soon became red and tumid, and the inflammation extended rapidly over the whole scalp and upper part of the face. Her medical attendant pronounced it a case of erysipelas, and so treated it. In a few days the inflammation subsided entirely, when there was observed

*Effects of Fear.*—The Journal de la Société de Médecine de Montpellier details two very curious instances in which the effects of fear had been strange and widely different, in one case tending to cure, and in the other fatal. A man thirty-five years old, was just going to be operated upon for strangulated inguinal hernia, when all the usual means for reduction had failed. Just as M. Cabarret was making the cutaneous incision he perceived the patient turning pale; respiration became very slow, and he was soon covered with a profuse cold perspiration; eyes staring, and the whole countenance haggard. But how great was the surgeon's astonishment when he perceived the sudden diminution of the tumour. Reduction had taken place during the shock produced by fear. A few drops of ether revived the patient, and in two days afterwards he was perfectly well. The second case refers to a young man twenty-three years of age, of a lymphatic temperament, and whose cervical glands were tumefied. Having received a challenge to fight a duel, which he had accepted, immediately on returning home he complained of headach, and went to bed, where he remained in a state of great prostration for four days, without answering any questions. On the fourth day, inflammatory fever came on, and on the eighth, he died in a low typhoid state. Intelligence remained clear to the last, and no complaint of any pain whatever was made.—*Ibid.*

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